D

	MARYLAND	STATE DEPAR	TMENT OF HEALT	H	
IVISION OF VITA	AL RECORDS, 30	DI W. PRESTON	STREET, BALTIMORI	, MARYLAND	21201

	1 403	1		CEKTIFI	CAIE	OF DEATH			1.66	02	
	PLACE OF DEATH o. COUNTY WA	ASHINGTON		MARYL	AND	2. USUAL RESIDENCE (VO. STATE MARY	Where deceose	d lived, if institu b. COU	NTY	ce before	
	b. CITY OR TOWN (	If outside corporate limits	,	c. LENGTH OF STAY IN	lb .	c. CITY OR TOWN (If or	utside carporote	limits, write RU	RAL and give	nearest	tawn)
		d give nearest town) HAGERSTOWN		5 YEARS	1	RURAL HAGERSTOWN 2/-/					
		AL OR INSTITUTION (If no	t in hospitol,			d. STREET ADDRESS				e.	. IS RESIDENCE
	1610 W	VABASH AVEN	JE			1610 WABA	ASH AVE	NUE		Y	ON A FARM?
	NAME OF	Fir	12	Middle		Last	4. DATE OF	Mon	th	Doy	Year
	DECEASED (Type or print)	CATHER	INE	AMELIA		BAIER	DEATH	DECEM	BER 2	29,	19 67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B	DATE OF BIRTH	9.	AGE (In years	IF UNDER 1		IF UNDER 24 HRS.
-	FEMALE	WHITE	WIDOWED	HAL!	0		1887	last birthdoy)	Months	Doys	Hours Min.
	ing most of working HOMEMA	N (Give kind of work done life, even if retired)		KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (County			12. CIT	UNTRY?	WHAT
_	FATHER'S NAME	\E.R		OWN HOME		BALTIMORE,		MIND.		1.0.1	ii. e
13.		TATA PROGRAM									
16		RGE BROWN R IN U.S. ARMED FORCES?	11/	. SOCIAL SECURITY NO.	12 4	AMELIA		4/40 444	DA CIT A		T.
(Ye	es, no, or unknown)  NO	(If yes give wor or dotes o	f service)	NONE		. ANNE GARI		1610 WA HAGERST			,
	1B. CAUSE OF D	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	*.A	or (o), (b), and (c).)	Topic .	4FARCTION				INTER	RVAL BETWEEN ET AND DEATH
	Conditions, if ony			RTされららしい	Lone	HEART I	DISEASE	4		0	YEMRS.
	rise to immediat stoting the unde										
	last.	)	(c)								
ATION	PART II. OTHER SI	IGNIFICANT CONDITIONS (	ONTRIBUTING	TO DEATH BUT NOT RELA	TED TO TI	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)		19. YES	WAS AUTOPSY PERFORMED? S NO 💢
L CERTIFICATION	20o. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. С	DESCRIBE HOW INJURY OCC	URRED. (	Enter nature of injury in	Port I or Port	It of item 18.)			
MEDICAL	Hour 'o.e p.i	m. 19	While of wo	e Not While of work	focto	E OF INJURY (Hame, form ry, street, office bldg., etc.	)	(City or town)		unty)	(Stote)
	21. <b>i certi</b> saw the d	fy that (I) (this has eceased alive an_	oital) atter	nded the deceased for Ec. 19 4 7, ar	rom_ € nd that	death occurred at	19 <u>63</u> , to	29 D∈e fram couses	, 19 <u>6</u> and an th	7, tho	it (I) XXXX las stated abave
	220. SIGNATURE	- F	,			ATTENDING -	MED.	STAFF		ATE SIGNE	
		0/2	كسم	2	M.D.	PHYS.	DIRECTOR E	PHYS.	] 12/	130/6	57
6	22c. PHYSICIAN'S NAME (Type		N. FEN	DER, M.D.		22d. ADDRESS 218 N. PC	OTOMAC	STREET,	HAGEF	RSTO	NN, MD.
230	BURIAL, CREMATIC		REOF	23c. NAME OF CEMET	ERY OR C	REMATORY .	23d. 10C	ATION (City or To	own)	(County)	(Stote)
	REMOVAL (Specify REMOVAL)	1/2/68	3	HOLY RED	EEME	R CEMETERY	BAI	TIMORE.	BALT	. CO	. MD.
24	. FUNERAL DIRECTO			ADDRESS			D BY REGISTRA	IR 25b. R	EGISTRAR'S SI	IGNATURE	
	CHARLES	M. ROUZER.	HAGE	ERSTOWN. MAR	YTAN	D. DATE	AN 4	1988	Achar	(00)	6

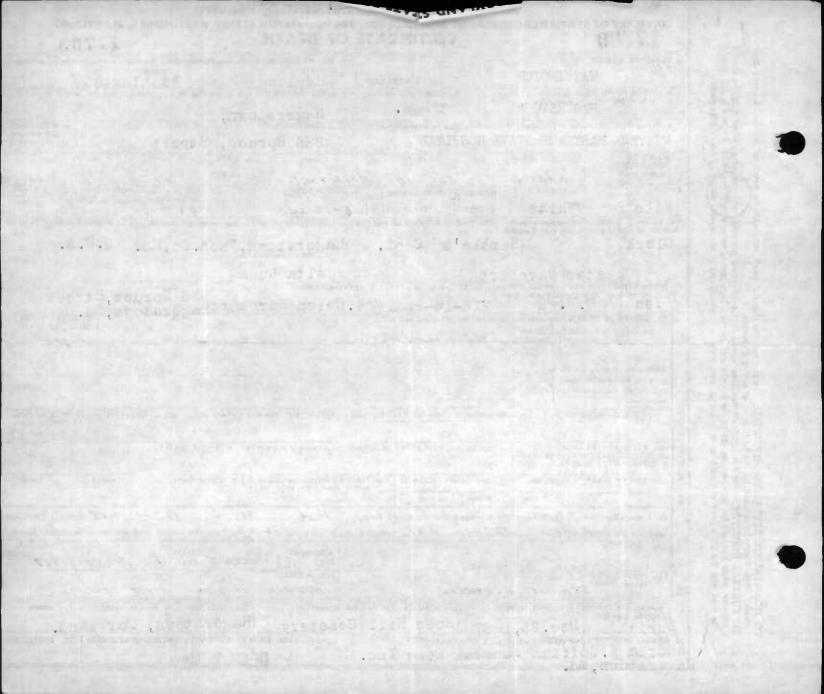
HAGERSTOWN

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. the funer TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely (illest by the fug director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 nours affes. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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MARTINE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fairector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs offer Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

tems 18&21 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH
12-21-67 RMS DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE	E OF DEATH 17704
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
o. COUNTY Washington MARYLAND	o. STATE Maryland Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 17 Yrs	Hagerstown 2/-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
1041 Bramley Drive	1041 Bramley Drive VES NO X
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year
(Type or print) FLORENCE BUTCHER	BECHTER DEATH DEC 10 1967 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors last birthdoy) 79 yrs.    FUNDER 1 YEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min.   Mi
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote or foreign country IV T 12. CITIZEN OF WHAT
during most of working life, even if retired)  Housewife  NDUSTRY  Own  Home	Haddonfield Camben Co USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry B. Butcher	Harriett Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iff yes give wor or dotes of service)  16. SOCIAL SECURITY NO. 17.	INFORMANT Address
No None Cha	arles A. Bechter 1041 Bramley Dr
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	Hagerstown Md. INTERVAL BETWEEN CONSET AND DEATH
IMMEDIATE CAUSE (o) Respiratory fat	llure due to ingestion of Uncertain
1 9/0.2 DUE TO sodium amytal	Between 12
Conditions, if ony, which gove (b) (b)	Noon-4 PM 12/10/67
stoting the underlying couse lost.	12/10/07
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY
Arteriosclerotic heart disease w	with enlarged heart and PERFORMED?
Arteriosclerotic heart disease w  200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTION COLORED.  OR CONTRIBUTION COLORED.  (IF EITHER NOTIFY MEDICAL SY AMMINER)	(Enter noture of injury in Port 1 or Port II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
Hour o.m. 19 While Not While of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)  20f. (City or town) (County) (Stote)
21. I certify that (I) (this hospital) attended the deceased from 1	lov. 8 , 1967, tDec. 10 1967, that (we) los
	of deoth occurred of P. M, from Fouse and on the date stoted obove
220. SIGNATURE / Solveile M.	D. ATTENDING MED. STAFF 22b. DATE SIGNED 12/11/67
22c. PHYSICIAN'S NAME (Type) B. B. Kneisley, M.D.	22d. ADDRESS 148 West Washington St. Hagerstown, Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY . 23d. LOCATION (City or Town) (County) (Stote)
Burial 12/13/67 Rose Hill (	Cemetery Magerstown Wash Co Md
24. FUNERAL DIRECTOR Hagerstown landress1	256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Andrew K. Coffman Funeral Home In	no PHEC 1 1 1967 Minutes Cusse

And the state of t BY TOO SELECT AND AND SECRETARY OF THE SECRETARY Append . year THE STATE OF THE PARTY OF SELECTION OF THE PARTY OF THE P 

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### CERTIFICATE OF DEATH

17705

	PLACE OF DEATH a. COUNTY WA	SHINGTON		MARYL	AND						
		f outside corporate limits, give nearest town) RSTOWN		c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  HAGERSTOWN					,
(	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospitol, ç	give street oddress)		d. STREET ADDRESS				e. IS RES	IDENCE
		GTON COUN	ITY HO			245 S.		MAC ST.		YES	NO A
	NAME OF DECEASED (Type or print)	LOTTI		MAE Middle		RGER	4. DATE OF DEATH		BER 2	29 19	- 4
S. S	FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		3/29/187		9. AGE (In years lost bisthelay) Oyrs.	Months Doys		R 24 HRS. Min.
	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County of MARYI		reign country)	12. CITIZEN COUNTRY		
13.	ADOLPH	US POTTS				14. MOTHER'S MAIDEN N	.,	ERINE WO			
1S. (Ye	WAS DECEASED EVE os, navo unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	(designed)	NONE		FORMANT S. FRANCE	S NE	Adh. WCOMER	GERST (		
NO	Conditions, if ony, rise to immediat stating the under last.  PART II. OTHER SI	e couse (o),   lying couse	(b) 10 (c)	neracz	en	edent por arte	· ·	VIII	n A	9. WAS AUT	TOPSY MED?
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in I	Port I or Por	rt II of item 18.)		YES	NO O
MEDICAL		IRY Month, Doy, Yeor	20d. IN While of work	Not While		E OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(County)	1	(Stote)
	saw the de	y that (I) (this has eceased alive an		ded the deceased fr	rom nd that	death accurred at	952 T	A, fram causes a	nd an the do		
	22c. PHYSICIAN'S	Potent.	7.16	adlo-	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	GNED	.67
	NAME (Type)	Robi	ort	Freed	16	Her	gur	staw	~	Ma	
23a	BURIAL, CREMATIC	N, 23b. DATE THE		23c. NAME OF CEMET		V		AGERSTOV	,	sH.	Stote)
24	FUNERAL DIRECTO	R -/-	the.	DDRESS			BY REGISTI		ISTRAR'S SIGNAT		~

surs after death. the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, ages 1 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17786

. J. B D.	4-0-	-					
IBALIAY	DEPT.		LACE OF DEATH			re deceosed lived, if institution:	Residence befare odmissian)
S a s	40		COUNTY WASHING TON	MARYLAND	a. STATE	b. COUNTY	BAITO
Pa 30	ent		CITY OR TOWN (If autside carparate limits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsid	e corparate limits, write RURAL	ond give nearest town)
del	1	10.	write RURAL and give nearest tawn)			, , , , , , , , , , , , , , , , , , , ,	03-2
P S	Deport		HAGERSTOWN		d. STREET ADDRESS		e IS RESIDENCE
3 7 F	9 70		I. NAME OF HOSPITAL OR INSTITUTION (If not in I	lospital, give street oddress)		0 6 44	ON A FARM?
es for	-	1	VASHINGTON COUL	NTY HOSPITAL	BOX 316	RTE 16	YES TO
Poges ith for	State	3. 1	IAME OF First	Middle	Last 4.	. DATE Manth	Doy Year
× ve de	he		Type or print) ROLS	W. BOLLING		OF DEATH DEC	3 1967
ofter death 8. Give Pog along with	=	S. 5	EX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR   IF UNDER 24 HRS
	lond2 with the er deoth.		As M/ W	DIVORCED DIVORCED	OCT. 14 188	P 7 Jost birthdoy) N	Months Days Hours Min.
hours Item 1 Office	lond2 v er deoth	10o.	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE State or 1		12. CITIZEN OF WHAT
			ng most of working life, even if retired)	INDUSTRY	VIRGINIA	0 17	COUNTRY?
in er's	e poges	12	FARMER FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM		US.A.
within in pencil i	t. File pog 72 hours	13.	-4				
wit pe xor	ho			115		REILEY	
			WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknown) (If yes give war ar dates of serv	lanin	INFORMANT '	Address	RANDALSTOWN
dico	permit.	110	DNK	213-12-4-375 1/	VM. BOLLIA	.6 5111	OLD COURT RD
d be executed d "pending" Chief Medical			18. CAUSE OF DEATH (Enter only one cause pe	r line for (o), (b), and (c).)			INTERVAL BETWEEN
pe	nsit		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)	Bilataral Lob	ulas- Preu	140 0 11 10 0	ONSET AND DEATH
599	tro eve		DUE TO	Second			
word word the Ch	burial-tronsit	1	Canditians, if any, which gave )			hit Femur d	us lodave
s sh he to	in o		rise to immediate couse (o),				
	0 -		stoting the underlying couse (c)	Metastatic Mal	liquancy of	- Unkarun S	SIYE Mukuowa
ertificot writing rworded				1706/12 Prosts	10-	201 01171 11 0107 11 1	19. WAS AUTOPSY
s certificate e, writing to forworded	be used removal,	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	PERFORMED?
This icote, be fo	emo	CERTIFICATION					YES NO
fice	ld F	ZTIF1	20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	1 ar Port II of item 18.)	
ert ert	ould ', or r		CAUSE OF DEATH.				
EXAMINER ute the cer oge 4 shou	your riles Poge 3 sh cremotion,	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Hame, form,	20f. (City or town)	(Caunty) (Stote)
AM +	ge	MEC	Hour o.m. p.m. 19	While Not While of work of work	tory, street, office bldg., etc.)		
EX	C. P.		21. I certify that I took charge of		ld on Autoney	Inspection   Inquir	ond in my opinio
AL Xe	- 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6						
octon	bor bor		deoth resulted from: Notural co	uses 14, Accident 11, Suic	ride, Homicide	J, Undetermined mon	ner 🔲
AE. eas	1 × 1		ACTUAL ()	1641.	CHIEF MEDICAL EXA		22. DATE SIGNED
7 0 0	I I		SIGNATURE CLIVE	7/1/01	M.D. ASSISTANT MEDICAL		
EPUTY SSany, funerol	Prior		EXAMINER'S DR. E. W. D.	ITTO 111	DEPUTY MEDICAL E		12-3-67
Cessary, e funero	FUNERAL FUNERAL ealth pric		NAME (Type) 217 W. WASH		RSTOM (PSS MOP), CIT	γ, tawn, or county)	
O D D	Hec	230	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)			23d. LOCATION (City or Town)	(County) (Stote)
-	-		BURIAL / /c	7 EBENIZER	CEM.	BALTO.	MD.
VR A1	SME BH	24	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY		TRAR'S SIGNATURE
	I VIN IN I	1	11. 47		4 - 21	1007 100/1-	- A E A 1 A A A A A A A A A A A A A A A A

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17704

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17707

FORSTATE				WED	ICAL EXAMINER'S	CERTIFICATE C	)F DEATH	T 1	101
EAVINDEPT.	1.	PLACE OF DEATH o. COUNTY	Washing	ton	MARYLAND	CTATE		h COUNTY	
y delay and 3 PM3. Pa		b. CITY OR TOWN (If write RURAL and William;	outside corporote limits give nearest town) Sport		c. LENGTH OE STAY IN 16			ts, write RURAL ond g	
dages 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	0		OR INSTITUTION (If no		give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A EARM? YES NO 24
0.0	3.	NAME OF DECEASED (Type or print)		MARYLAND  Tot in hospitol, give street oddress)  HOME    A. STREET ADDRESS					
rs after dec 18. Give Pe e alang wit 2 with the	S.		6. COLOR OR RACE			Dec.5,1882	9. AGE last	5 yrs. Months	
24 haurs in Item I r's Office ss I and 2 ifter deatl	de	ring most of working li	Give kind of work done e, even if retired 15 CW11C			Gal	veston,	Texas	
within pencil caminel le page	13	B. EATHER'S NAME	Shadrach	Ethe	_	Annie			
xecuted wit nding" in pe Medical Exar permit. File within 72 ha			IN U.S. ARMED FORCES? f yes give wor or dotes o				ton Syk		
word "per the Chief ! rial-transit		18. CAUSE OF DEA PART I. DEATH 9027 Conditions, if ony, rise to immediate stoting the underly	WAS CAUSED BY: IMMEDIATE CAUSE DUE which gove couse (o),	(o) 3 TO (b)	Secondary +	wi-	reem	nia	ONSET AND DEATH
	SATION	PART II OTHER SIG	NIFICANT CONDITIONS CO	lour;	TO DEATH BUT NOT RELATED TO GENERAL 22	THE TERMINAL DISEASE CO	cluster	heart Da	19. WAS AUTOPSY PERFORMED?  YES NO
ertifica auld be ss. nauld b	MEDICAL CERTIFIC	200. EXTERNAL CAU PRIMARY  or CON' CAUSE OF DEATH.	SE WAS PRIBUTING 🖯	51	id off bed	(Enter nature of injury in — Fzactu	Port I or Port II of	item 18.)	
EXAMINER: This certificate, writing 4 shauld be farwa yaur files. Page 3 shauld be used crematian, or remaval,	MEDICAL	(O p.m.	OCT 25, 196	While of wor	Not While Of Of	FOIKS HOW	e willio	imsport	wash M
exector. Pour for for TOR:									
O DEPUTY MEDING THE CONTROL OF THE FUNCTION OF THE CONTROL OF THE		ACTUAL SIGNATURE	wand w	Dix	0.15	M.D. ASSISTANT MED	DICAL EXAMINER		12/9/69
o DEPUTY MET necessary, pleas the funeral dire 5 may be retain 5 FUNERAL DIR Health priar ta	7-		Edward W.					217W. W http://https://www.nty/	ashington St.
the the Head		DUL Specify)	12-12	-67	Elmwood C	emetery	Shep	herdstov	wn. W. Va.
VR A15ME (5)	1	4. EUMPAL PURPCTOR	ece V. S	eria		2So REC	C 1 4 196	7 25b. REGISTRAR	S SIGNATURE

ROJ\_ILL AST TEXAST TEXAST TEXAST TEXAST TEXAST TO TEXAST. 217 : Manifer ton Alv. Andrews Long J. J. Reger room, L. . The state of the

1 1770

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

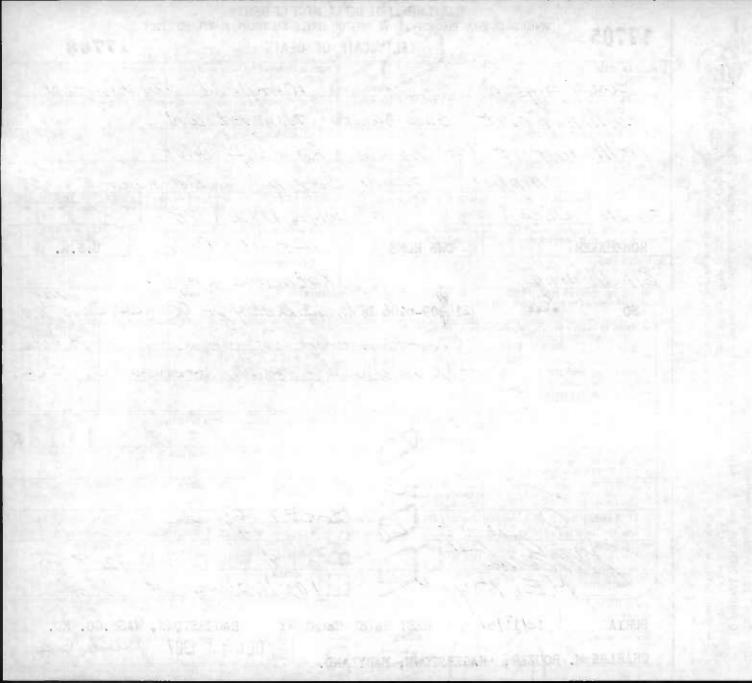
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled-th-by director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban rapers. Presented be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17702

		CERTIFICATE OF DEATH									
1		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)									
	(	COUNTY Washington MARYLAND O. STATE Drulond & COUNTY Lington									
	1	D. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
		write RURAL and give peares town)									
		WILLIAMS port 3mos-3weeks Hagerstown all									
	(	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS 2308  e. IS RESIDENCE ON A FARM?									
A		William Sport Sanitarium Rock Cliff Drive YES NO									
0		VAME OF First Middle Lost 4. DATE Month Doy Year									
		Type or print) MADE! THATY BOLLOYF DEATH DECEMBER 8 1967									
	S. S	EX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF RIPTIN 9 AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS									
	To do who to months Do										
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11/BIRTHPIACE (County & State, or foreign country) 12. CITIZEN OF WHAT									
	duri	ng most of working life, even if retired) INDUSTRY COUNTRY?									
	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME									
	(	oli Shilling KAtherine BAKEY									
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT (SON) Address X/a 9									
	(16:	o, no. or unknown) (If yes give wor or dotes of service) 214209-6106 D. Harry I. Bottorf gr. Rockcliff Drive, My									
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)									
		PART 1. DEATH WAS CAUSED BY:									
		422 IMMEDIATE CAUSE (0) Congestive Heart +811400 /2000									
		Conditions, if ony, which gove ) DUE TO Attack Section of the sect									
		nse to immediate course (a)									
		stoting the underlying couse DUE TO									
		lost. (c)									
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?									
-7	CERTIFICATION	Ves ☐ No X									
7	F	200. ACCIDENT WAS UNDERLYING. 20b. DESCRIBE HOW INJURY-OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)									
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	MEDICAL	20c. TIME OF INJURY Month, Doy Year 20d. INJURY OCCURRED 20e_PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)									
Y	MED	Hour o.m. While Not White foctory, street, office bldg., etc.)									
		DI WOLK DI WOLK DI									
		21. I certify that (1) (this haspital) attended the deceased from 1964 to to 6, 1967, that (1) (we) last									
		saw the deceased alive an 11-15 1967, and that death accurred at 42 M, fram causes and an the date stated above.									
		220. SIGNATURE)  ATTENDING MED. STAFF 22b. DATE SIGNED									
		M.D. PHYS. DIRECTOR PHYS. 12-8-6/									
		22c. PHYSICIAN'S NAME (Type) ME BUSINESS 12d. ADDRESS									
		TEIDYNII I WAREN MA									
1	230	BURIAL, CREMATION, 23b. DATE THEREOF / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)									
		BURIAL 12/11/67 REST HAVEN CEMETERY HAGERSTOWN, WASH, CO. MD.									
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE									
1		DFC 11 196/ Cliantes Vulce									
1		CHARLES M. ROUZER, HAGERSTOWN, MARYLAND, DATE									



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### CERTIFICATE OF DEATH

17709

-										
	o. COUNTY WAS	HINGTON		MARYLA	o. STATE	MARYIA	eceosed lived, if inst	CHAILO	ce before odm	
-		utside corporote limits,	. c.	LENGTH OF STAY IN			rporote limits, write			
	WHAGERS	TOWN town)		40 YR		HAGERS			21	1
		OR INSTITUTION (If not in			d. STREET AD				e. IS F	A FARM?
L	WASHINGT	ON COUNTY	HOSP:	ITAL	12	5 WEST	SIDE AV	E.	YES [	NO X
	NAME OF DECEASED	First		Middle	Last	4. DA		lonth	Doy	Year
	(Type or print)	JEAN		RINGEL	BREIT	WEISERDE	ATH DE	CEMBER		19 67
S.	SEX 6	. COLOR OR RACE 7.	MARRIED _	NEVER MARRIED	B. DATE OF BIR	TH	9. AGE (In years		Doys Hou	NDER 24 HRS.
	FEMALE	WHITE	WIDOWED X	DIVORCED	□ 2/18	8/1897	70 yr	ś.		
	. USUAL OCCUPATION (G			OF BUSINESS OR	11. BIRTHPLA	CE (County & Stote,	or foreign country)		TIZEN OF WHA UNTRY?	AT
dui	ring mHousew	TRE remed)	"H	ÖME	PI	ENNSYLV	ANIA		U.S.A	. F
13.	. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
	JAMES	CRAIG		Fee Co		LLA MOR	GRET			
IS.	. WAS DECEASED EVER I	NU.S. ARMED FORCES? yes give wor or dotes of set	and and	IAL SECURITY NO.	17. INFORMANT		A	ddress HA(	ERST	
1,,,,	NO NO	yes give wor or dores or sor	219	9-20-166	BD MRS.	MARY J	ANE HUF	FER		MD.
		H (Enter only one cause p	er line for (o)	(b) cond (t).)	1 1 1	0	1-	1		BETWEEN
	PAKI I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (o) _	ari	Criose	Bolo	an	2101/15	des	SAJET AL	ND DEATH
	4221	DUE TO							10	un
	Conditions, if ony, w								109	70.
	stoting the underlyi									
	last.	) (c)								
NO	PART II. OTHER SIGN	FICANT CONDITIONS CONTI	RIBUTING TO D	DEATH BUT NOT RELAT	ED TO THE TERMINAL D	ISEASE CONDITION	GIVEN IN PART 1(o)		19. WAS PERF	AUTOPSY ORMED?
S						1 2			YES	NO Z
CERTIFICATION	20o. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESCRI	IBE HOW INJURY OCC	URRED. (Enter noture of	injury in Port I o	r Port II of item 18.			
MEDICAL	20c. TIME OF INJURY				Oe. PLACE OF INJURY (F		Of. (City or town	) (Co	unty)	(Stote)
MEC	Hour 'o.m. p.m.	19	While of work	Not While of work	foctory, street, office	bldg., etc.)		, -,		
20		that (I) (this haspite		the deceased fr	am 193	56,19	, to 12	119/6		l) (we) last
	saw the dece	ased alive an	1191	(619 / , an	id that death occu	irred at 200	M, fram cous	es and an t	ne date sta	ated above.
	220. SIGNATURE	1.11	1	2	ATTENDING	MED.	STAFF	22b_D	ATE SIGNED	7
	m	14		5	M.D. PHYS.	DIRECTO	OR PHYS.	1/2	20	67
	22c. PHYSICIAN'S NAME (Type)	1.100 1	his		22d. A90	RESS	moth	1	16	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	00.10	1100	ex,	13141		188	4 19	•	
230	<ul> <li>BURIAL, CREMATION, REMOVAL (Specify)</li> </ul>	23b. DATE THEREO	F 2	23c. NAME OF CEMETE	RY OR CREMATORY	. 230	d. LOCATION (City of		(County)	(Stote)
	REMOVAL (Specify)	12/25	167	GREEN	HILL CEM.		WAYNES	BORO	PENN	JA .
		- 6/60	70/	GREEN.	HILL CEM.	2000 011 00				127 0
1	4. FUNERAL DIRECTOR	1	11	ADDRESS	TILL CEM.	25 an PEC'D BY RE		REGISTRAR'S		62.

Lo TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. A should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hau Page 4 may be retained by the haspital ar attending physician.

and 2

72 haursafter death.

VR A15 (4) 25M 1/67

TOTOLSKI I  IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled-in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Page 3 shauld be state Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs as

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CED	TIE	ICATI	OF	DE	HTA
LEN		IVALI	· UT	UE	4 I II

		CERTIFICATI	L OI DEATH			17716	3	
	ashington	MARYLAND	2. USUAL RESIDENCE 0. STATE Mary		L COLINTY	dence before od	,	
b. CITY OR TOWN write RURAL a Hagersto	(If outside corporate limits, nd give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Williamsport					
d. NAME OF HOSP	ton County Hosp:		d. STREET ADDRESS	ocheague	st.	e. IS ON YES	RESIDENCE N A FARM? NO	
3. NAME OF DECEASED (Type or print)	First Howard	Middle Ray	Lost Burger	4. DATE OF DEATH	Month Dec.	Doy 10	Year 19 67	
S. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Aug. 23 18	9. AGE (	In years IF UND Wanth Yrs. 3		JNDER 24 HRS. Durs Min.	
10a. USUAL OCCUPATION during most of working Weaver		10b. KIND OF BUSINESS OR INDUSTRY TEXTILE MILL	11. BIRTHPLACE (County Hagersto		intry) 12.	COUNTRY?	.S.A	
13. FATHER'S NAME	Augustus Bur	ger	14. MOTHER'S MAIDEN		ietta I	Rider		
	VER IN U.S. ARMED FORCES? ) (If yes give war or dotes af service	W. Carlotte and the second	INFORMANT		8 Conocoo		St.	
	ate cause (a),	ine for (a), (b), and (c).) Ceveloual Athenascle	homos	vhege	2	INTERVA	L BETWEEN	
200. ACCIDENT W OR CONTRIBUTION	ombosis	UTING TO DEATH BUT NOT RELATED TO LEFT FEMORE ROBERT BETT OF THE PROPERTY OF T	usl art	evy			AUTOPSY FORMED? NO	
20c. TIME OF IN	JURY Month, Day Year		ACE OF INJURY (Home, far ctary, street, office bldg., etc		ir town)	(County)	(State)	
21. I cert	tify that (I) (this haspital) of deceased olive on 11	attended the deceased from 10 19 67, and the	D. PHYS. 22d. ADDRESS	M, from	TAFF 22b.	DATE SIGNED	ated above	
230. BURIAL, CREMAT REMOVAL (Speci	fy) Dec. 13-6'	THE CO	emetery	23d. LOCATION	own W	(County)	(State)	
24. FUNERAL DIRECT	ort. T. Teaf Wi	ADDRESS	2So. REC	FC 1 3 190	75b. REGISTRAR	SUGATURE	edge	

TO LONG TO THE SECRETARY OF THE SECRETAR

Marian		SINGLED SERVE		
no tentrie ad	inalyzet		moster titles	
	Profite LCCV		roe	10:00:00
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Dop. 10 69	Breger	HAVE		
in the light	14. 23 1893 F		of Miles	
4, 2, 9	Carefulow, 18.	The action		Tevnor
otta Hifor Conceenaçõe St.				
	a a lagrando de la composição de la comp	Je dan da		
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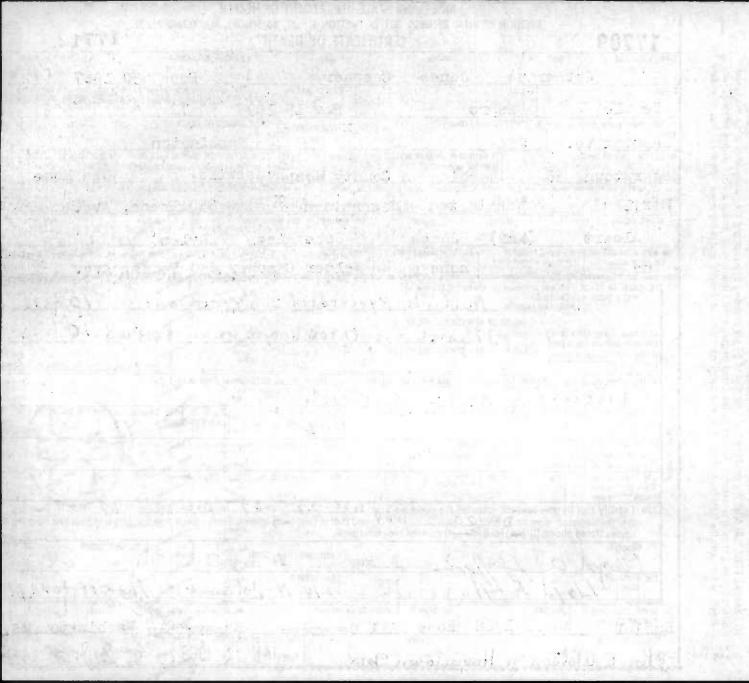
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Y C C A.	)		CERTIFICATI	UF DEATH		
PLACE OF DEATH     O. COUNTY	Washingto	on	MARYLAND	2. USUAL RESIDENCE (I	Where deceosed lived, if institution: Resid b. COUNTY	lence before odmission)
h CITY OF TOWN	(If outside corporate limi		C. LENGTH OF STAY IN 1b		utside corporote limits, write RURAL and g	
write RURAL at	nd give nearest town)	15,				line lientezt towil)
Hager	stown		12 Days		, Smithsburg	6/1
	ITAL OR INSTITUTION (If n			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Washi	ington Coun	ty Hosp	ital			YES NO X
3. NAME OF	F	irst	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	Warr	ren	к.	Bush	DEATH Dec.	12. 1967
S. SEX	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IF UNDI	ER 1 YEAR   IF UNDER 24 HR
Male	White	WIDOWED	DIVORCED		lost birthdoy) Months	Doys Hours Min
	ON (Give kind of work done		ND OF BUSINESS OR	1/21/1880	87 yrs. 8 Stote, or foreign country) 12.	CITIZEN OF WHAT
uring most of working Retired F	g life, even if retired)		DUSTRY		Go.	COUNTRY?
3. FATHER'S NAME	armer			Washington	n Twp., Franklin	U.S.A.
Harrisc				Elizabet	h Mellinger	
IS. WAS DECEASED EV	FR IN U.S. ARMED FORCES?	of service) 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	E7: 30
No	(in you give troi or deles	21	9-03-5085A M	rs. Laura M.	Bush, Smithsburg	Md #3
18. CAUSE OF E	DEATH (Enter only one co	use per line for		~ 1		INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	100	udac &	maline		ONSET AND DEATH
14221	IMMEDIATE CAUSE	-	1	0	1	
Conditions, if on		10	1. 1.	1 N	0.0	- 20
rise to immedia	te couse (a)	(b) (1)	anslin	( in the	de south !	7
stoting the und	erlying couse	TO				
last.	,	(c)				
PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT W	AS UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port II of item 18.)	1.5 []
OR CONTRIBUTING	G CAUSE OF DEATH			The state of the s		
	Y MEDICAL EXAMINER)	004 1	HURY OCCURRED I AN ALL	OF OF INHIDY (II f	204 (Ciby co 4000)	Country) (51 1)
20c. TIME OF IN.		While		ACE OF INJURY (Home, form tory, street, office bldg., etc.)		County) (Stote)
P	.m. 19	ot worl	k ☐ of work ☐			
21. I cert	ify that (I) (this ho	spital) otten	ded the deceased from_	10-6,1	1967, ta 12-12-19	67, that (I) (we) I
	eceased alive an_	12-1	2 1967, and tha	it death occurred of	1100 A. M., from causes and on	the dote stoted obo
220. SIGNATURE		- 1			22b.	DATE SIGNED
100/	und of	- 24_	M	D. PHYS.	MED. DIRECTOR PHYS.	2-13-67
22c. PHYSICIAN	5	- / >		22d. ADDRESS	DIRECTOR CO THIS. CO T	- 6/
NAME (Type	e) Charles	F Hees		Sm + +1	abuna Md	
n publish epsilia					sburg Md.	
<ol> <li>BURIAL, CREMAT REMOVAL (Specific</li> </ol>	ION, 23b. DATE TH		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specifical)		/67	Harbaugh's			ranklin Pa.
24. FUNERAL DIRECT			ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR'S	
11),010	y yun	-	Warmachana P	DATE DE	C 1 8 1967 PClia	was Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furneral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages I and should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haus affer deat Page 4 may be retained by the haspital ar attending physician.

.a. . Agriner Land appearant and and the design of the second s An article of the control of the con end of the second of the secon and bucdenty: If the



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

100	200			0.	
3	1	27	152	2	
de	-48	.39	38.	.03	

		CERTIFICATI	E OF DEATH		17713
a. COUNTY	And the second second				rian: Residence befare admission)
	Washington		. Slate Marylan	id Wa	shington
b. CITY OR TO	OWN (If autside corparote limit	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	itside carporate limits, write RUF	RAL and give nearest tawn)
He	AL and give nearest tawn)	9 Days		ville Rt.	
d. NAME OF I	HOSPITAL OR INSTITUTION (If no	at in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Was	shington Cou	inty Hospital	tion date and time		YES NO
NAME OF	Fi	irst Middle	Last	4. DATE Mont	th Day Year
(Type or prin			Clark	OF DEATH Dece	
SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.
Male	White	WIDOWED DIVORCED	Oct. 15,1	908 last birthday) 59 yrs.	monins Doys Hours Min.
. USUAL OCCU	PATION (Give kind af wark dane		11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT
L 8	orking life, even if retired)	Goodwill Ind.	Chewsvil	le Wash. Md	COUNTRY?
B. FATHER'S NA			14. MOTHER'S MAIDEN I		
	John Adam		Ella	Florence R	owe
S. WAS DECEAS	TO DIES WILLS ADMIT FOREFOR	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	
Yes, no, or unkn	own) (If yes give wor or dotes o	of service) 215-20-8948	Mrs. Berth	a M. Clark	Chewsville, Md
_		use per line for (o) (b), and (c).)	0 11		INTERVAL BETWEEN
	I. DEATH WAS CAUSED BY:	(VIN)	50 10	Q	ONSET AND DEATH
422	IMMEDIATE CAUSE		to 10:1	1 0	
100	if ony, which gove )	al later la	land	- la Mi	5 ms
rise to imm	rediate cause (a),	10			
stating the	underlying cause				
street 600	,	(c)			The was allyoney
PARI II. OI	HER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	ADITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDE OR CONTRIB					YES NO
20a. ACCIDE	NT WAS UNDERLYING ☐ UTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in	Part I ar Part II of item 18.)	
	IOTIFY MEDICAL EXAMINER)	Service Control			
20c. TIME (	OF INJURY Manth, Day, Year		ACE OF INJURY (Hame, farm		(County) (State)
no	p.m. 19	While Nat While at work	ctary, street, affice bldg., etc.		
21. 1	certify that (1) (this has	spital) attended the deceased fram_	1-31 ,1	956, to 12-	21, 1967, that (1) (we) la
	he deceased alive on_	12-21 1967, and the	at death occurred at	123 M, fram causes	and an the date stated above
22a. SIGN/	JTURE /				22b. DATE SIGNED
(1)	11/2 /g.	from M	.D. PHYS.	MED. STAFF DIRECTOR PHYS.	1/2-23.67
22c. PHYSI			22d. ADDRESS		
NAME	(Type) Charle	s F. Hess M.D.	Smit	hsburg, Mary	land
3a. BURIAL, CR	EMATION. 23b. DATE TH	HEREOF 23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	
REMOVAL (	Specify)	0.		em. Chewsvil	
24. FUNERAL D		24,196 Chewsvill ADDRESS	No DECI	D BY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE
. K. Co	ffman Funera	al Home Inc.	16 . DE		Charles Inde
17	E Antieta	M St. Hacer atown	DATI I	L 4 1 100/1 84	THE PERSON OF TH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 hauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any évent—with in 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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VR A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
17714

1.	PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
-	WASHINGTON MARYLAND	o. STATE Mandland 6. COUNTY allegans
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If gatside corporate limits, write RURAL and give nearest town)
	write RURAL and give neerest town) HAGERSTOWN	Cumberland Med
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   o. IS RESIDENCE
	WESTERN MARYLAND STATE HOSPITAL	815 Columbia ave YES NO IN
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	OECEASED (Type or print)	/ OF D // /7
5.	ser refrences f. Co	ming hem Dec 1 1901
1	MAKRIED NEVER MARKIED	DATE OF GIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min.
10	Male WIDOWED DIVORCED	1/23/03 64 yrs.
10.	De USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	eliney Mail arrier Post Office	MJ. Saveye Ma. U.S. A
13	FATHER'S NAME	14. MOTHER'S MAIDEN HANE
	Charles Cumma ham	Asset Toland
15		NFORMANT Address
1,	(If yes give war or dates of service 314-01-00.8/	Man Michael P. Channelson Cundy
-	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	COLON ONSET AND DEATH
	1528	COLON 2 yrs,
	DUE TO	
	Conditions, if eny, which gave rise to immediate cause (b)	
	(a), stating the underlying DUE TO	
-	cause last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S		YES 🔣 NO 🗌
RTIF	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter nature of injury In Pert I or Pert II of item 18.)
1 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
S		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While st work et work	ory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	10-12 1967, to 12-4 1967, that (1) (we) last
		death occurred at M, from the causes and on the date stated above.
	22a. SIGNATURE	dearn occurred are:em, from the causes and on the date stated above.
		ATTENDING MED. STAFF
	22c, PHYSICIAN'S M. Larca M.	22d. ADDRESS
	NAME (Type) DOMINGO A. CARCIA	WESTERN HARYLAND STATE HOSPITAL
22	BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	
23	PENOVAL (Specify)	Ph 1. lele had
	During 1-1101 Journels 11/00	o. J. Curbulation Ma.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
0	your suin inc. (unt. M)	DATE DEC 8. 1967 (Charles Jungs
		0100

SOF THE CO. IN SEC. Michael P Commission Dec The ast mar But I good for a may want of the first want to make the first Many to Distance - May many which A STATE OF THE STA ASSENCE ASSENCE ASSE 12-4 67 10-12 64 12-4 67 France of Garage of Garage of the Carton MANAGEMENT STREET STREET, WESTERMAN Letyley Inches The Control of the 

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. filled in TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbdes and the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, we

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17715

	COUNTY WASHINGTON	MARYLAND	o. STATE MAR	YLAND b. COL	INTY WASH	INGTON
	o. CITY OR TOWN (If outside corporate limits, write PLACEPRIC TOWN)	c. LENGTH OF STAY IN 1b 9 MOS •	c. CITY OR JOWN (If ou RURA	tside corporote limits, write RL L) BOONSBOR	JRAL ond give neo	rest town)
	N. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 548 W. CHURCH ST.	, give street oddress)	d. STREET ADDRESS RT.#1			e. IS RESIDENCE ON A FARM? YES X NO
	VAME OF DECEASED PAULINE Type or print)	ROSELLA	DANNER	4. DATE OF DECH	MBER	1 Year 67
S.	FEMALE 6. COLOR OR RACE 7. MARRIER WHITE WIDOWER		8. DATE OF BIRTH 7/13/1.	909 9. AGE (In yeors 909 yrs.	Months Doy	
		KIND OF BUSINESS OR	11. BIRTHPLACE (County PENNSY	& Stote, or foreign country) LVANIA	12. CITIZEN	
13.	FATHER'S NAME  JOHN FISHER		14. MOTHER'S MAIDEN I	LLACE		
IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, new Sunknown) (If yes give wor or dotes of service)	6. SOCIAL SECURITY NO. 17. 17-12-1212	INFORMANT MR. EMORY		RT#1	MD.
	18. CAUSE OF DEATH (Enter only one couse per line from PART I. DEATH WAS CAUSED 8Y:  / / / /   DUE TO  Conditions, if ony, which gove is to immediate cause (o), stating the underlying couse lost. (c)	cinoma of ly	t brost w	ille mitastas	-	INTERVAL BETWEEN BET AND DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)		9. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	2Do. ACCIDENT WAS UNDERLYING ☐ 2Db. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port 11 of item 18.)		Ta GAT
MEDICAL	2Dx. TIME OF INJURY Month, Doy, Yeor Hour a.m. p.m. 19	ile Not While foc	ACE OF INJURY (Home, farm tory, street, office bldg., etc.)		(County)	(Stote)
	21. I certify that (I) (this haspital) atte		t death accurred at	967, ta Dec. 1	, 19 <b>67</b> , and an the d	that (I) (we) last
	COO GNATURE	s de M		MED. STAFF DIRECTOR PHYS.	22b. DATE SI	2/67
	22c. PHYSICIAN'S NAME (Type) Ohar D. Spi	RECHER, Dr.		29 Ravenue stown, Mar		32+5
230	BUR PAIL 23b. DATE THEREOF 12/4/67	23c. NAME OF CEMETERY OR ROSE HILL	CEM.	23d. LOCATION (City of THAGERSTOV	VN WAS	
24	FUNERAL DIRECTOR	ADDRESS	The Section 250. REC'I		REGISTRAR'S SIGNA	

VR A15 (4) 25M 1/67

THUNIYER Councers of left broat will mitaters 3 gares Omar Story July Jan 1 67 -Hazerstown, marylan 1 OHEN DSPRECHER, Dr. . TO LOTE LONG TOWNSE BATCH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

713	CERTIFICATE	C
920	CERTIFICATE	-

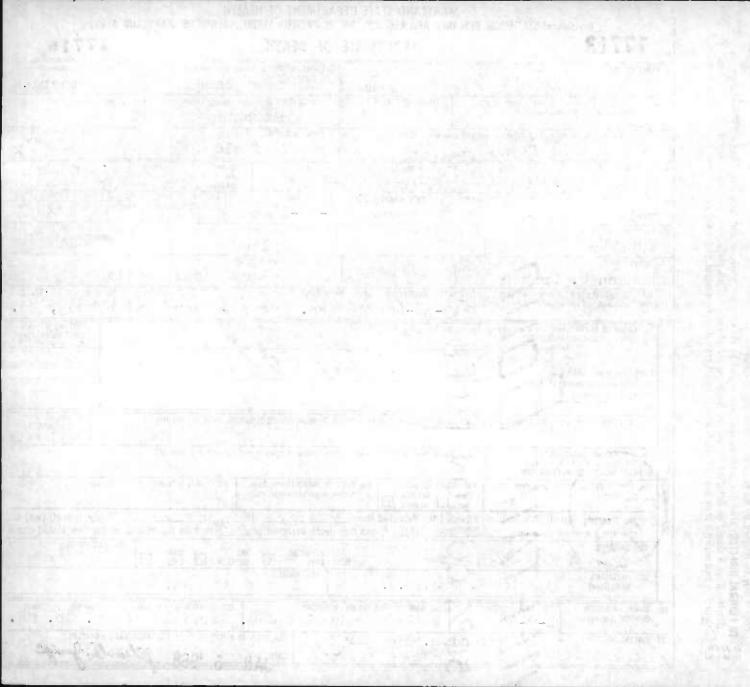
OF DEATH

17716

1.	o. COUNTY Washington MARYLAND			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE  Maryland b. COUNTY Frederick						
	b. CITY OR TOWN (	f outside corporate limit	s,	c. LENGTH OF STAY			ide corporote limits, write R			
	Hagers	l give negrest town)				Smiths	burg	RD 1	10.2	,
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospital, g	ive street oddress)		d. STREET ADDRESS			e. IS RESIDEN	
1	Washing	glan Coun	X Ho	Spilal	10.75	Garfi			YES NO	X
	DECEASED (Type or print)	HARRY	fst E	d WARd	DRI	APER	4. DATE Mo OF DEATH DEC.	31	Doy Year	_
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH	9. AGE (In years lose bythday)		EAR IF UNDER 24	HRS.
	male	White	WIDOWED	DIVORCE	D 📗	5-30-1886	113.	1000000		
du	ring most of working Laborer	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County & Marylar	nd	12. CITIZ COUN	en of What ITRYSA	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN NA		227.		
10		C. Draper		COCIAL CECUDITY NO	177	Mar NFORMANT	U .	ress	RD	1
(X	es, no, or unknown)  N O	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service) 21	3-18-068		Mrs. Edgar		omiths		d.
		ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	1111	(0), (b), and (c).)	- 7	East Fri	line		INTERVAL BETWEE	N H H
	422	_/ DUE		I int	) A	4. Ca. 1	0 - 0	10.	10 m	-
-	Conditions, if ony, rise to immediat		(b) CEL	200,00	- المات	Care	answer!	Cons.	-1	
	stoting the under	rlying couse	(c)							
TION	PART II. OTHER SI	GNIFICANT CONDITIONS C		O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)		19. WAS AUTOPS PERFORMED? YES NO	Y
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 18.)		1.5	
MEDICAL	20c. TIME OF INJU Hour o.r p.r	JRY Month, Day, Yeor n.	20d. IN While of work			CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(Count	ty) (Stor	te)
	21. I certi	<b>fy</b> that (I) (this has eceased alive an_	pital) attend	ded the deceased 30 1967,	from_ and tha	9-2-58, 19 t death accurred at 2	7:30AM, from causes	-3/ , 19 6 and an the	, that (I) (we date stated a	) last bave
	220. SIGNATURE	lent. 2	fens		M.I	D. PHYS. LVZ C	MED. STAFF DIRECTOR PHYS.	22b. DATI	ESIGNED 8	
	27c. PHYSICIAN'S NAME (Type		s F. H	ess, M.D.		22d. ADDRESS	mithsburg, M	aryland		
23	o. BURIAL, CREMATIC	23b. DATE TH 1-3-6		23c. NAME OF CEM Bethel			23d. LOCATION (City or I Garfield	77	ounty) (Stote	
2	4. FUNERAL DIRECTO	nd E Ova	aymond	Thanson	S S	2So. REC'D DATE		REGISTRAR'S SIG	0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 powers. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Ty the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and though be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after deone



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 77 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY Washington	2. USUAL RESIDENCE (Where deceased lived, If institution: Real a. STATE Md. b. COUNTY Wa.	sidence before admission) Sh.			
	b. CITY OR TOWN (if outside corporate limits, Write RURAL and give nearest town)  Hagerstown  MARYLAND  c. LENGTH DF STAY IN 1b  16 years	c. CITY DR TDWN (If outside corporate limits, write RURAL Hagerstown	and give nearest town)			
9	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Washington County Hospital	d. STREET ADDRESS 1101 Woodland Way	e. IS RESIDENCE ON A FARM? YES NO			
11	3. NAME DF First Middle DECEASED A 1	Last 4. DATE Month	Day Year			
-	(1) Production of the control of the	Dunn DEATH DECEMBER  DATE OF BIRTH  9. AGE (In years   IFUNDER:   Months				
	male white widowed Divorced	3-23-92   last birthday)   Months	Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)  Engineer  10b. KIND OF BUSINESS OR NOUSTRY U.S. Public Rds.	1 11. BIRTHPLACE (County & State, or foreign country)   12. CI	TIZEN OF WHAT UNTRY?			
1	13. FATHER'S NAME George R. Dunn	14. MOTHER'S MAIDEN NAME Mina DeMarse				
1	(Yes. no. or unkown)   (If yes nive war or dates of service)	INFORMANT Address rs. Bessie Dunn, Hagerston	wn . Md .			
	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	ontine Antery	3 4 7 S			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CO					
-	20c. TIME DF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, stre					
	21. I certify that (I) (this hospital) attended the deceased from 0 - 20 , 1953 to 12 - 9 , 1962, that (I) two) last saw the deceased alive on 12 - 1967, and that death occurred at 9 M, from the causes and on the date stated above.  22a. (SIGNATURE    ATTENDING   MED.   STAFF   22b. DATE SIGNED					
	burial 12-12-67 Ivy Hill Control of Funeral Home, Hagerstown,	25a. REC'D BY REGISTRAR 25b. REGISTRAR				

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TO CONTRACTOR OF THE PROPERTY OF and business 1911 - I didn't since box - that designation of the state of the Type 12-9 1 arra gorsia hunn, hugaraternialis. TENT TENTONE TO THE Desemble of the contract of the light of the light of the most in many the most in the light of th 7715

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often

Page 4 may be retained by the hospitol or oftending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs off

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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o. COUNTY	ngton	MARYLAND	o. STATE	E (Where deceosed lived, if institution: Reb. COUNTY  b. COUNTY  Washing			
b. CITY OR TO	WN (If outside corporate limits.	c. LENGTH OF STAY IN 1b		outside corporote limits, write RURAL on			
write RURA Hager	(L and give nearest town)	1M. 7 D.	Rohrers		21.1		
	OSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	V-1-1-6	e. IS RESIDENCE		
	ngton County He		d. Street 7.55 feet		ON A FARM? YES NO X		
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year		
(Type or print)	Faye	Catherine	Easton	DEATH December	15. 19 67		
S. SEX	6. COLOR OR RACE 7.	. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF U	NDER 1 YEAR   IF UNDER 24 HRS.		
Femal	w White	WIDOWED DIVORCED	Jan. 19.		oths Doys Hours Min.		
	ATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Cour		12. CITIZEN OF WHAT		
	rking life, even if retired) eeper- Clerk	General Store	Rohrer	sville, Md.	COUNTRY?		
13. FATHER'S NA		Toeneral Doore	14. MOTHER'S MAIDE	N NAME	U. D. M.		
Chart	am W Mallanday		Tantin	Dotton			
IS WAS DECEASE	er M. Mullendo: D EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO	Lestia 17. INFORMANT	Address			
(Yes, no, or unkno	(If yes give wor or dotes of se	ervice)			CHARLES AND ADDRESS OF THE PARTY OF THE PART		
No.		220-09-2814	Mr. Arthur	C. Easton, Rohrers			
	OF DEATH (Enter only one couse   DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH		
I AKI I	IMMEDIATE CAUSE (o)	METASTATIC	CALLER TO	BOTH LUNG	9 MONTHS		
16	OT BUD TO				,		
	f ony, which gove ) (b)	PLEURAL E	FFUSION				
	ediote couse (o), DUE TO						
lost.	(c)						
PART II. OTH		TRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?		
CATI					YES NO		
OR CONTRIBL	IT WAS UNDERLYING  ITING  CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Port II of item 1B.)			
₹ 20c. TIME O	F INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, f		(County) (Stote)		
	ur o.m 19	While Not While ot work of work	foctory, street, office bldg., e				
21. 10	ertify that (1) this haspit	al) attended the deceased fran	n april	, 1966, to Dec 16,	19 <u>66</u> , that(1) (we) last		
saw th	e deceased alive an	2/12/67 1967, and	that death accurred	at 830 M, fram causes and	an the date stated abave.		
220. SIGNA	21. I certify that (1) this haspital) attended the deceased fram April , 1966, ta Dec 16, 1966, that (1) (we) last saw the deceased alive an 12/15/62 1967, and that death accurred at 830 M, fram causes and an the date stated abave.  220. SIGNATURE  ATTENDING MED. STAFF 22b. DATE SIGNED						
	Lluam	early	M.D. PHYS.	DIRECTOR PHYS.	12/11/67		
22c. PHYSIC NAME (		rillo.	22d. ADDRESS	arpsburg, 2	no		
23o. BURIAL, CRE	MATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (Gry or Town)	(County) (Stote)		
BRINGVAL	pecify) 12- 17-	67 Rohrersvil	le Cemetery	Rohrersville,	, ,,		
24. FUNERAL DII		ADDRESS		FC'D RV DEGISTRAP 25h REGISTRA	AP'S SIGNATURE		
John H	Roet Jr 112 1	Wain St Boone	hono Md our	- 00 4007 William	res Judge.		

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	and the Mark		

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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h C	TITY OR TOWN	If outside corporate limits,	C LENGT	TH OF STAY IN 16	CCITY OR TOWN (If Auto	IAVANI / side corporate limits, write RURI	Al and give nearest town)	_
y. V	write RURAL and	give neorest town)		a 8mos	0/ /	/	1.5 5.10 give 1.001051 levinij	
1		MSPOTE			d. STREET ADDRESS	YSDUYG	e. IS RESIDEN	CF
d. N	AME OF HOSPII.	AL OR INSTITUTION (If not in	0 : 1.	,	0 4	#1	ON A FARM	1?
4	0/1/1/	msport o	YANI TH		Koute			X
	ME OF EASED	First		Middle	Lost	4. DATE Month		M
(Тур	oe or print)	SUSA		MAY	+AUDE1	DEATH DECEME		-
S. SEX	,	6. COLOR OR RACE 7.	MARRIED NE	VER MARKIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours	HRS. Min.
Fe	male	White V	VIDOWED	DIVORCED	Feb 27, 18	72 95 yrs.		
10o. US	UAL OCCUPATION	(Give kind of work done life_even if retired)	10b. KIND OF BU			Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
uuring f	Seam	stress	Ladie	s Clothin	a FrANKlin	n Co. Penn.	W.5A.	
13. FA	THER'S NAME				14. MDTHER'S MAIDEN N	AME		
D	lenru	W. FAUbe	1		MAYGUYEZ		Auto-Tyle-	
		R IN U.S. ARMED FDRCES?	16. SOCIAL SEC	URITY ND. 17	. INFORMANT	(NIECE Addres	sRt#6	
(res, no	No.	(If yes give wor or dotes of ser	204-40-	-3953 /	MISS EleAno	rualk ChA	mbersburg, PA	
1B	B. CAUSE OF DI	EATH (Enter only one couse p			1.1	1/1	INTERVAL BETWE	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	due	te myo	randral d	Harched	ONSET AND DEAT	0
	4201	DUE TO	/	. //	1 / //	A A .	Mary	
	nditions, if ony	, which gove ) (b)	artu	iosele	oli Heart	Vireau	yeku	- 8
	e to immediot	e couse (o), (	0		W	7		
	oting the unde	riving couse						
-	_	GNIFICANT CONDITIONS CONTA	BUTING TO DEATH	BUT NOT RELATED T	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPS	у
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20 m	ACCIDENT WA	S UNDERLYING	20h DESCRIBE HO	100	D. (Enter noture of injury in P	Port I or Port II of item 1R1	1 ,13 [] 110	A
E OR	R CONTRIBUTING	CAUSE OF DEATH	200. DESCRIBE NO	MOOK! OCCORNE	s. tenor notors of tillory in t	or roll it of flotte 10.)		
£11		MEDICAL EXAMINER) URY Month, Doy, Yeor	20d. INJURY DCC	IIRRED I 200 E	LACE OF INJURY (Home, form,	20f. (City or town)	(County) (Sto	te)
MEDICAL 20	Hour o.	m.	While Not	While	octory, street, office bldg., etc.)	(city or lowin)	(5001)	
-	p.i	m. 19		work	Maril 11	12-12 Nacamb	#410// 4hrs /// /	) last
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2	ZO. SIGNATURE	charls do.	· de			MED. STAFF	ZZD. DAIL SIGNED	
- 0	2c. PHYSICIAN'S	) Thus	7		M.D. PHYS. 22d. ADDRESS	DIRECTOR L PHYS. L		
1	NAME (Type		Edy M.I			pect St. Hager	stown Md.	
00. 0	UDIAL CREATE							-
230. B	BURIAL, CREMATIC REMOVAL (Specific	1) 1		AME OF CEMETERY C		Greencastle	ranklin Pa	
	Burial	12/22/0		dar Hill		BY REGISTRAR 25b. RE	BISTRAR'S SIGNATURE	_
	UNERAL DIRECTO			erstown,	4.4	ADCV UI	The state of the s	
Ke	si rave	en Funeral Chu	wer mag	ersown,	Id. DATEDE	0 2 0 100 1	U	

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## MARYLAND STATE DEPARTMENT OF HEALTH

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17718	CERTIFICATE	OF DEATH		1772	â
o. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (W o. STATE MARYLA	here deceased lived, if institut b. COUR		
b. (ITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16 26 YEARS	c. CITY OR TOWN (If outs	side carporate limits, write RUI		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi WASHINGTON COUNTY HOS)	ve street address)	d. STREET ADDRESS	ASHINGTON STR		e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF First DECEASED (Type or print) HOLLIS	Middle STEAVER	Lost FOUT	4. DATE Mant OF DEATH DECEM	th Day	
S. SEX 6. COLOR OR RACE 7. MARRIED [ MALE WHITE WIDOWED ]	NEVER MARRIED 8	JULY 9, 189	9. AGE (In years		IF UNDER 24 HRS Haurs Min.
RET PRODUCTION WORKER FAIR	ID OF BUSINESS OR BUSINESS OR CHILD AIRCRAF	11. BIRTHPLACE (County & ROANOKE	State, ar foreign country) VIRGINIA.	12. CITIZEN OF COUNTRY?	
JOHN W. FOUT		14. MOTHER'S MAIDEN NA ROSA BO			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war at dates of service)	4-10-5680 MRS	NFORMANT  S. SHIRLEY M	ROUTE	55# 6 STOWN, MA	ARYLAND,
18. CAUSE OF DEATH (Enter only one cause per line for (PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause  DUE TO	cute &	m.	Failure		ERVAL BETWEEN SET AND DEATH
PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	Hypertense	we card	in Dis		WAS AUTOPSY PERFORMED?
	CRIBE HOW NJURY OCCURRED. (	Enter noture of injury in Po	art I or Part II of item 18.)		
20c. TIME OF INJURY Month, Doy, Year Haur a.m. p.m. 19 While at wark	Nat While facto	E OF INJURY (Home, farm, try, street, affice bldg., etc.)	2Df. (City or town)	(County)	(State)
21. I certify that (I) Maxboxpad attenders saw the deceased alive and 3 Dece			60 , to 13 80 M, fram causes		
		/	IED CTAFF	22b. DATE SIGNE	
220 SIGNATURE	DEPLANTAGE	PHYS. LA D 22d. ADDRESS	NECTOR D STAFF IRECTOR PHYS. D	12/15/ RSTOWN M	
220 SIGNATURE (C. PHYSICIAN'S	ORD, M.D.  23c. NAME OF CEMETERY OR C	22d. ADDRESS 1135 POTO	MAC AVE. HAGE	RSTOWN, M	IARYLAND
220, SIGNATURE  24c. PHYSICIAN'S NAME (Type) RICHARD T. BINFO		PHYS. LX D 22d. ADDRESS 1135 POTO REMATORY  CMETERY	IRECTOR LI PHYS. L	RSTOWN M	MARYLAND (State)

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

17722

(IAF)											
and 2		PLACE OF DEATH					2. USUAL RESIDENCE (			esidence before o	dmission)
5=3	(	o. COUNTY	Washington		MARY	/LAND	o. STATE Mary	yland	b. COUNTY	Freder	ick
9 5	ŀ		f outside corporate limits,		c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If a	utside corporate lim	its, write RURAL or	nd give nearest to	own)
Proges ours afty			give negrest tawn)		8 days		Rura	al- Frede	rick	10	1,2
in ers 2 h	(	. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospitol, giv	ve street oddress)		d. STREET ADDRESS				IS RESIDENCE ON A FARM?
illed pap pap hin 7			ngton Count	y Hosp						YES	S NO [
campletely filled lave carbon pape y event, within 7	1	NAME OF DECEASED (Type or print)	Margar	et	Madle Mae		Fox	4. DATE OF DEATH	Month Dec.	15—	Year 19 <b>67</b>
and campletely filled in by the remave carban papers. Per page of any event, within 72 hours	s. s	emale	6. COLOR ON RACE White	7. MARRIED WIDOWED [	NEVER MARRIES DIVORCES		3. DATE OF BIRTH OCt. 17-1910	last	(In years IF U birthdoy) Mor		Hours Min
physician and co en please rema aval, and in any		USUAL OCCUPATION ng most of working Homema	(Give kind of work done life, even if retired)		D OF BUSINESS OR USTRY		11. BIRTHPLACE (County Frederic)		17	12. CITIZEN OF W COUNTRY?	U.S.A.
/sici	_	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
hen hava		Charle	s W. Pearl				Daisy 1	. Stock	an		
s attending physician ar permit. Then please r tian, ar remaval, and in	IS. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16. SC 21	OCIAL SECURITY NO.		nformant in S. Fox-50	Ol S. Mar	Address ket Stre	Md. et-Fred	21701 erick-
I physician. signed by the att burial-transit per burial, crematian,		18. CAUSE OF DE PART I. DEA	EATH (Enter only one cous I'H WAS CAUSED BY: IMMEDIATE CAUSE (	0) R	espira	. /			,	ONSET	VAL BETWEEN AND DEATH
nding physic been signec s the burial iar ta burial		Conditions, if ony rise to immediat stoting the under lost.	e couse (o),	-	ntoria. lignant		trocytoma	exniat Left 1		1 lole	days
has se as the pr	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	INTRIBUTING TO	DEATH BUT NOT REI	ATED TO 1	THE TERMINAL DISEASE CO	INDITION GIVEN IN	PART (o)	19. W	AS AUTOPSY REODMED? NO
hospital ar certificate iched far u ipt. af Heal	L CERTIFICATION		S UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port I or Port II of	item 18.)		
the horder this of detack	MEDICAL	Hour o.i	n. 19	While at work		foct	CE OF INJURY (Home, for ory, street, office bldg., etc	.)	or town)	(County)	(Stote)
<b>R:</b> Afte Suld be the Store		sow the d	fy that (I) (this hospeceased alive on	oitol) ottendo Dec . 15	ed the deceased	from and that	death accurred a	1967, to D 17 P M, fro	m causes and	on the date	stated abo
DIRECTOR: /		220. SIGNATURE	F. Mid	ull	al	. M.E	1 111101	MED. DIRECTOR		2b. DATE SIGNED	
AL page		22c. PHYSICIAN'S NAME (Type	A.F.	Abdu	llah		22d. ADDRESS	2 N./	Potomae	, Hage	stown yd:
O FUNER director,	230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THE		23c. NAME OF CEM				N (City or Town)	(County)	(Stote)
2 2 5			77 -	.967	ADDRESS 2			D BY REGISTRAR	rick, Md		
VR A15 (4) 25M 1/67		R.Etchi	son & Son	Ti :	Frederick			c 19 19	67 Juli	artes	- Sign

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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15	is the end that of the country and due singular	loani sai.	Ventos notantinas
15	J. From Man.		
	Oct. 17-1910 } we		Allo Thire
.A.Z.U	.bov roimoper	the tribe are with at the time and	Henemalou
	Daley M. Steelman		Charles M. Harl
	lohn S. Fox-fox S. Newley Dir	211-01-113	no des probablicano proprio está si el elemento

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17723

	4-111111		1	1120
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (V	There deceased lived, if institution: Resid	ence befare admissian)
Washington	MARYLAND	d. STATE.	and Washi	ngton
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside carparate limits, write RURAL and g	
write RURAL and give nearest tawn) Hagerstown	8 Days	Clasm	Spring R #1	71-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi		d. STREET ADDRESS	OPILING IN 11 I	e IS RESIDENCE
			t. Pauls	ON A FARM?
Washington Cour		*		YES NO X
3. NAME OF First DECEASED	Middle	Last	4. DATE Manth OF TO	Day Year
(Type or print) Nellie	Matilda Fru		DEATH December	26 19 67
5. SEX 6. COLOR OR RACE 7. MARE		8. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR   IF UNDER 24 HRS Days Haurs Min.
Female White WIDOW	WED DIVORCED	Sept. 7.	L897 70 yrs.	
	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County 8	State, ar far ( Co. 12.	CITIZEN OF WHAT
during mast af working life, even if retired) Housewife	Own Home	Clear Sp		U.SA.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
George B. Sword		Nen	y Suffeccol	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		#1
(Yes, na, ar unknawn) (If yes give war ar dates af service)	None	lomman V 1	Frush Clear Spr	
NO -		Orman v.	rush orear obt	
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSEL AND DEATH
2 2 / V IMMEDIATE CAUSE (o)	erebust Heu	work nonge	-	7495
DUE TO	Allewaster	\		
Canditians, if any, which gave rise to immediate cause (a),	threvoseve ve	0771		10213
stating the underlying cause DUE TO				
last.   (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIO				YES NO
200 ACCIDENT WAS UNDERLYING 1 20 OR CONTRIBUTION CAUSE OF DEATH OF THE PROPERTY NOTICE AND	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in F	Part I ar Part II af item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	Od. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	. 20f. (City or town) (C	Caunty) (State)
Haur a.m.	While Nat While fact	tary, street, affice bldg., etc.)		
p.m. 17 at	twark 🗀 at wark 🗀	12.	967 to lec 26 10	17 1 10 V
21. I certify that (1) (this haspital) at	rended the deceased fram_		M, fram causes and an	that (1) (we) la
saw the deceased alive an 12-20	e I Co , and tha	r death accurred ail		
220. SIGNATURE			MED. STAFF 12	DATE SIGNED
I I I I I I I I I I I I I I I I I I I	M.		DIRECTOR L PHYS. L	7001
22c. PHYSICIAN'S NAME (Type)	Kit	22d. ADDRESS	· · · · · · · · · · · ·	1
1 11 Kyr		Mille	uspoul MI	4
23g. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City ar Tawn)	(Caunty) (State)
REMOVAL (Specify) Burial 12/28/67	St. Pauls	Cemetery	Clear Spring W	lash Md.
24. FUNERAL DIRECTOR 40 E. Antie	tam St. Hagers	2So. REC'D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
A. K Coffman Funeral	Home Inc	Md DATE JA	N 2 1988 Police	rea ludge.

filled in by the funeral n papers. Pages 1 and 2 inter 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fairectar, page 3 should be detached far use as the burial-transit permit. Then please remave carbon shauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event with Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17724

												AND RESIDENCE PROPERTY.	
		PLACE OF DEATH o. COUNTY			ATTEN		2. USUAL RESIDER	NCE (Who	ere deceosed live	d, if institutio		before od	mission)
			HINGTON		· MARYL	AND	MARY	LANI			HLNGI	INO	
1	ŀ	b. CITY OR TOWN (	If outside corporate limit	is,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN	(If outsi	de corporote limi	ts, write RURA	L ond give r	nearest lov	vn)
/			d give nearest town)		LIFE		HANC	оск				21.	1
		d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol, g	give street oddress)		d. STREET ADDRES	SS					RESIDENCE A FARM?
10		111	METHODIS	T AVE	NUE		111	METI	HODIST	AVE.	=7.0	YES	provides provides
	- 1	NAME OF DECEASED (Type or print)	JESSE	BENJ/	AMIN F	UNK	Lost	4	OF DEATH DE	Month CEMBE		Doy	Year 19 67
	S. S	SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B	DATE OF BIRTH	801		(In years birthday)	IF UNDER 1 Y	YEAR IF U	INDER 24 HRS. Ours Min.
			N (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (C	-/ '	tote or foreign or	Yrs.	12. CITIZ	EN OF WH	AT
	duri	ing most of working	life, even if retired)	IN	DUSTRY					,0,,,,	COUN	VTRY?	
		CLERK FATHER'S NAME		FARE	M SUPPLY		WEST  14. MOTHER'S MA				10.8	5 . A .	
		JONATHA	N FUNK				CHARI			MAN			
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO.	17. IN	FORMANT			Addres	SHAME	2004	MD.
-		s, no, or unknown)	(If yes give wor or dotes	of service)	2-03-2631	AD	AH W. FI	UNK	111	METHO		AVE	
		18. CAUSE OF D	EATH (Enter only one co	use per line for	(o), (b), ond (p).)		·	0	2			INTERVA	L BETWEEN
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	(000	7/12	RCI RO	ect	usec	71		ONSET A	IND DEATH
		420	DUE			, .	1-	\ _ /\	user	9			4 7
		Conditions, if ony		(b)	ar	te	120 6	ce	ELCZ	W		me	tant
		rise to immediat stating the unde		TO									2000
		lost.	)	(c)							1		
	Z	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELA	TED TO TI	HE TERMINAL DISEAS	SE CONDI	TION GIVEN IN P	ART 1(o)		19. WAS	AUTOPSY ORMED?
2	AT 0					A			(			YES	NO D
~	CERTIFICATION	2Do. ACCIDENT WA		20b. DES	SCRIBE HOW INJURY OCC	URRED. (	nter noture of inju	Jry in Por	t I or Port INof	item 18.)			
			CAUSE OF DEATH MEDICAL EXAMINER)			1			/				
	MEDICAL	20c. TIME OF INJ	URY Month, Doy, Yeor	2Dd. IN	JURY OCCURRED		OF INJURY (Home		2Df. (City	or town)	(Count	ty)	(Stote)
	RE	Hour o.i	10	While of work	Not While at work	focto	ry, street, office bldg	g., etc.)		10	-		
			fy that (I) (this has			am	Avect	3. 196	07 to 1	Cect.	3 196	That (	I) (we) las
			eceased alive on	xuec			death accurre		2.14	n causes a	nd an the	, ,	ated abave
		22o. SIGNATURE	Mu!	0.081	has had	A	ATTENDING _	-/ ME	D	STAFF _	22b. DATE	SIGNED	110
			a orcas	affe	VINK	M.D.	PHYS.		RECTOR L	PHYS.	12	16	16/
		22c. PHYSICIAN'S NAME (Type		SHA	FFER		22d. ADDRESS	44	NCO	CK.	NA	2.	
	230	. BURIAL, CREMATIC		EREOF	23c. NAME OF CEMET	ERY OR C	REMATORY		23d. LOCATION	(City or Tow	n) (C	ounty)	(Stote)
	P	REMOVAL (Specify	12/17/	67	MT.OLIVE	T AAS	RTHODIS	_ #	RURAL E			ORGA	. ,
		FUNERAL DIRECTO			ADDRESS	J	2So.	REC'D B	Y REGISTRAR	2Sb65-6	NOS	NATURE	WAVA.
	1	Howard	J Y M	ine	Henry	00	mo DATE	DEC	20 196	1 fc	very Os	0	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, Pages, 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 fours ofter deaths. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17722

CERTIFICATE OF DEATH

17725

			CERTIFICATE	OI DEATH		11125
	1. P	LACE OF DEATH		2. USUAL RESIDENCE (Whe	ere deceased lived, if institution: Reside	ence befare admission)
		COUNTY WASHING	TON MARYLAND	O. STATE PEA	UNA. 6. COUNTY FR	RANKLIN
	b	CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b		de corporate limits, write RURAL and g	ive nearest tawn)
		write RURAL and give nearest town) W N		GREE	ENCASTLE	75 3
9	1	I. NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS	HILLSON ST.	e. IS RESIDENCE ON A FARM? YES NO
		HAME OF First	Middle		DATE Month	Day Year
	(	Type or print)	9. 9	LASER	DEATH DEC.	1967
	5. 5	1 = 1	MARRIED NEVER MARRIED   8	March 2 19	9. AGE (In years IF UNDE Manths	Doys Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done	10b. KHOD OFTENSINESS OR	11. BIRTHPLACE (County & St		CITIZEN OF WHAT
	5	ECURITY GUAR	d-Manuf. Co.	Franklin	Co., Penna.	L'S. A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
			SER	KHODA	STOUFFE	2
	1S. (Yes	WAS DECEASED EVER IN.U.S. ARMED FORCES? s, no or util nown) (If yes give war ar dates af serv	16. SOCIAL SECURITY NO. 77 11 203 - 10 - 8100	neormant medic	d Glaser - J	reencett
		1B. CAUSE OF DEATH (Enter only one cause pe	er line far (a), (b), and (c).)	1/		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	(Brenya)	Manai	MAGGO	16115
		DUE TO	14 6	1/200 1	1 /	5
		Conditions, if ony, which gave its immediate cause (a),	14/12/10/15/10	MULHA	1. 1.186930	9/13.
		stoting the underlying cause last.	//			/
		PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBILITING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY
2	ATION	THE THE STATE OF T	DOTTING TO DETAIL DOT NOT RESIDED TO T	The Fermion District Control		PERFORMED? YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (	(Enter noture of injury in Parl	t I ar Part II of item 1B.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm,	20f. (City or town) (C	County) (State)
	MEDICAL	Hour a.m. 19		ary, street, affice bldg., etc.)	Zot. (city of town)	(Sidie)
		21. I certify that (1) (this hospital			F/, to /3/5, 19	That (1) (me) last
		sow the deceased olive on	1962 Jond that	death occurred of	4cpM, from causes and on	
		22a. SIGNATURE	MILLE M.D	ATTENDING ME DIR	ED. STAFF 22b.	DATE SIGNED
		22c. PHYSICIAN'S NAME (Type) W,C, B	REWER	22d. ADDRESS TREE	NCASTLE,	PENNA.
	230.	BURLAY, CREMATION, 23b. DATE THEREOF	23 JOME OF CEMETERY OR C	CREMATORY	23d to CATION (City or Town)	(County) (Store)
	24.	EUNERAL DIRECTOR	ADDRESS	1 D 2Sa. REC'D BY	1007 ////	SIGNATURE
	/	1 A IVI caract	(SPT FILMS+	LO LA LABER S	1967 / Ware	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers—Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death.

THE CALL OF SECURE AND DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE THE REPORT OF THE PARTY OF THE THE WARTHER IN THE PART STORY OF THE FOR A LOUIS IN A SAME AND A WAY LAND VERY DEPT KARL SIGNER SINGS 

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

#### CERTIFICATE OF DEATH

17726

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY Maryland Washington Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hager Stown Hagerstown 10 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 518 E. Wilson Blvd. YES NO NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED 24 19 67 Franklin Oatis Gochenour Dec. DEATH and in any event, S. SFX 6. COLOR OR RACE 7. MARRIED \*\* NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Le last birthdoy) Hours 1/15/20 male white WIDOWED DIVORCED 10o. IISHAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Fairfield. Illinois. gas station 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Violet Holmes Harry Gochenour 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Ь 330-01-7015 Leah Gochenour Hagerstown. Md. yes burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Cardiae anest - Contral any IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse priar to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? of Health NO 20o. ACCIDENT WAS UNDERLYING T DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram the directive from that death accurred a My fram causes and an the date stated abave. saw the deceased alive an 24 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR director, page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) 12/27/67 Rose Hill Cemetery Hagerstown Md REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ochember Judge Minnich Funeral Home Hagerstown, Md.

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remave carbap campletely

please

permit.

signed

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physician

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after be retained by the haspital ar attending physician. SD has certificate P detached O FUNERAL DIRECTOR: Page 4 may b VR A15 25M 1/67

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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ution:	Residence	before	odmission)	

L				O. DEATH		17727
1.	a. COUNTY	Washingtor	1 MARYLAND	2. USUAL RESIDENCE ( o. STATE Md	Where deceosed lived, if institution b. COUNTY	
	b. CITY OR TOWN ( write RURAL on Willian	If outside corporote limits, digive nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or Hagerst	utside corporote limits, write RURAI	L ond give neorest town)
	d. NAME OF HOSPIT William	AL OR INSTITUTION (If not in hospite is sport Sanitar	ol, give street oddress) <b>i um</b>	d. STREET ADDRESS	adway	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Leslie	Middle Basore	Lost Halbach	4. DATE Month OF DEATH Decem	Doy Year ber 7, 19 67
S.	male	6. COLOR OR RACE 7. MARRII  white WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 7-11-03		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	o. USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY MET		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	John E. Halba	ich	14. MOTHER'S MAIDEN	Naomi Rid	enour
1.	S. WAS DECEASED EVE Yes, no, or unknown)	(It was also were an deliver of a south)		informant Irs. James	Address Fockler, Ha	gerstown, Md.
	PART I. DEA' 493 X Conditions, if ony	DUE TO , which gove ) (b)	for (o), (b), ond (c).) eumonia and se	evere emph	Ysema?	ONSET AND DEATH Sev. Week
	rise to immediat stating the unde last.					
ATION	PART II. OTHER SI Chroni	GNIFICANT CONDITIONS CONTRIBUTION  C alcoholism			NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO X
CERTIFICATION		SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER) NO	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJU Hour o.r	n. Wi		CE OF INJURY (Home, form ory, street, office bldg., etc.		(County) (State)
i	21. I certif	y that (1) (this haspital) att	ended the deceased fram	Jan. , 1 t death accurred as	1955 , to <u>Dec.</u> 2:30 PM, fram causes an	, 19_6.7 that (I) (we) last
	22o. SIGNATURE	Howall. 1	Westelled. M.	111701	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 12/8/67
	22c. PHYSICIAN'S NAME (Type)	Howard N. Wee	eks, M. D.	22d. ADDRESS 580 No	orthern Ave.,	Hagerstown,
23	BO. BURIAL, CREMATIC	23b. DATE THEREOF 12-9-67	23c. NAME OF CEMETERY OR St. Paul's		23d. LOCATION (City or Town ClearSpri	
-	Minnich		ADDRESS	2So. REC'I	D BY REGISTRAR 2Sb PEOIS	STRAR SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon pages. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dear

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death Page 4 may be retained by the hospitol or attending physicion.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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-		CERTIFICATE OF DEATH	
	PLACE OF DEATH  COUNTY WASHINGTON	2. USUAL RESIDENCE (Where dece d. STATE MARYLAND	ased lived, if institution: Residence before admission) b. COUNTY WASHINGTON
	o. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  HAGERSTOWN	1 DAY HAGERSTON	
	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give WASHINGTON COUNTY HOSPIT		e. IS RESIDENCE ON A FARM?  OSPECT STREET YES NO 1
	NAME OF First	Middle Last 4. DATE MARSHALL HANNAN DEAT	Manth Day Year
S.		NEVER MARRIED   B. DATE OF BIRTH DIVORCED   AUGUST 15. 1894	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HI last birthday)   Manths   Days   Haurs   Mil
10a duri	USUAL OCCUPATION (Give kind af wark dane 10b. KIND	OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar	fareign cauntry) 12. CITIZEN OF WHAT
is. (Ye	na ar unknown) (If yes give war ar dates of service)	JULIA SCHRODI AL SECURITY NO. 17. INFORMANT  -09-0151 MR. RICHARD M. HANI	ENBAUGH 1424°°VIRGINIA AVE. NAN, HAGERSTOWN, MARYLANI
	1B. CAUSE OF DEATH (Enter anly one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.  (c)  DUE TO (c)	rderselessed	lerres Indeput
CERTIFICATION		EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	PERFORMED?  YES NO
		DE HOW INJUDY OCCUPDED /Enter nature of injunction Doet I am D	
L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED. (Enter nature of injury in Part I or P	art II at item 1B.)
MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19  20d. INJU While at wark	Y OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	(City ar town) (Caunty) (State)
MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m.  19 21 Lectify that (1) (Nois boosital) attender	Y OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f.	(City ar town) (County) (State)
MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m.  19 21 Lectify that (1) (Nois boosital) attender	Y OCCURRED  Not While at wark 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bidg., etc.)  The deceased fram 70-18 , 1967  19 , and that death accurred at 253  M.D. ATTENDING MED. DIRECTOR  22d. ADDRESS	(City ar town) (County) (State

TARREST TO SEE TO SEE AND AND AND ASSESSED TO SEE AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSE THOMAS TANGER LANGER TWO AND THE PROPERTY OF T THE MARKET AND THE PARTY OF THE PETERS CONTACT THE STREET TO THE SELECTION OF SELECTION O CARLUS T. PARIENT. ALAS TALLES OF THE THE PROPERTY OF THE PARTY The state of the s 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retoined by the hospital or attending physicion.

VR A15 (4) 25M 1/67

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the fandinector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1.3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 habus after a

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY Wash.	TATE	Where deceased lived, if institution: Resident b. COUNTY	dence before admission) Wash.				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Hagerstown						
10	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital on Manor	oital, give street address)	d. STREET ADDRESS  1106 Orchard Hill Pwky.  e. IS RESIDEN ON A FAR: YES \( \sum_{NE} \) NO					
	3. NAME OF First DECEASED (Type or print) Alice	Middle Grace	last <b>Hayes</b>	4. DATE Month OF DEATH DECEMber	6, Year 67			
	S. SEX 6. COLOR OR RACE 7. MAR  Female White WIDG		8. DATE OF BIRTH <b>11-6-1892</b>		ER I YEAR   IF UNDER 24 HRS. Doys Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if tetired)	Ob. KIND OF BUSINESS OR INDUSTRY		& State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME  Emory H.	Carty	14. MOTHER'S MAIDEN	Alice Dayhof	f			
	(Yes, no, or unknown) (If yes give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT eo F. Hay	Address Hagerstown,				
	18. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause lost.  (b)  DUE TO  (c)	ty perlimited	du to Cire	hase hem.	INTERVAL BETWEEN ONSET AND DEATH TO STAND OF THE STAND OF THE STAND TO STAND OF THE STAND OF THE STAND OF THE STAND TO STAND OF THE S			
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (O	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Part II of item 1B.)				
	Hour a.m.		CE OF INJURY (Home, farr tory, street, office bldg., etc.		County) (State)			
	21. I certify that (1) (this hospital) of saw the deceosed olive an		death occurred at	1967, to Law 6, 19	the date stated above			
	Luny hove	22a. SIGNATURE  M.D. ATTENDING DIRECTOR STAFF   22b. DATE SIGNED   12-6-67						
1	22c. PMYSICIAN'S NAME (Type) SIDNEY	MOVE WSTEIN	22d. ADDRESS U	WYSTOWN N	7)			
	23a. BURIAL, CREMATION, REMOVAL (Specify) 12-8-67	23c. NAME OF CEMETERY OR Rose Hill		23d. LOCATION (City or Town) Hagerstown,	(County) (State)			
	24. FUNERAL DIRECTOR	ADDRESS	2So. REC	D BY REGISTRAR 256. REGISTRAR"				

4 пируп тарий Bushest S. Provensel Legal 1105 Crebard 1111 Swice. . M. . Manual Translation of Property . M. . Abrah . . Tond . by , min-eraly the at the . and this are the the section of the second mary to Pollemphier leave Couled from " many gran to grant toght - who is Lidory moreovation (9.9-4) CU MANES AUT - WIZESLINE KONCIE The amorete at the second of the second

apers. Rages F and Z in 72-bours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Page 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by director, page 3 should be detoched for use as the burial-transit permit. Then please remove corbon papers. Respauld be filed with the Stote Dept. of Health prior to burial, crematian, or removol, and in ony event, within 22 bour

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17727

## CERTIFICATE OF DEATH

	A 3 9 43 69
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY
WASHINGTON MARYLAND	MARYLAND WASHINGTON
b. CITY OR TOWN (If outside corporate limits,	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
write RURAL and give negrest tawn) HAGERSTOWN LIFE	HAGERSTOWN -/-/
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
WASHINGTON COUNTY HOSPITAL	128 SOUTH LOCUST STREET YES NO N
3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
(Type or print) KATHERINE MARIA	HEIL DEATH DECEMBER 13, 1967
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR   IF UNDER 24 HR    last birthday) Months Days Hours Min
	FEBRUARY 3,1889 78 yrs.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, ar fareign country)  12. CITIZEN OF WHAT COUNTRY?
during most of working life even if retired?  RETIRED STITCHER SHOE MFG. CO.	HAGERSTOWN, MARYLAND, U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELLIS M. STOUFFER	FLORENCE SPIELMAN
(You no as unknown) (If you give your as dates of convice)	INFORMANT 423 Agdress POTOMAC ST.
(Yes, no, ar unknown) (If yes give war ar dates of service) 214-09-5516A MR	S. LORRAINE GEARY, HAGERSTOWN, MARYLAND.
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  Acu to condition	ae fai have 30 min
NUC TO	
(anditions, if any, which gave) (b) astrono de her	notic Strast Beitable Ving-
rise ta immediate cause (a), stating the underlying cause DUE TO	
last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?
Rachietian person waritis R. Inn	a following throng for Carrison & VES NO &
20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.  OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL FEAMINER)	(Enter nature of injury in Part I or Port II of item 18.) of breach -
	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
Hour a.m.  p.m.  19 While of work of work	tary, street, affice bldg., etc.)
21. I certify that (I) (INCKNOWN) attended the deceased fram_	7-23, 1939, to 12-13, 1967, that (1) (West la
	at death accurred at B. IDAM, fram causes and an the date stated aba
22a. SIGNATURE	22b. DATE SIGNED
John Hofom Ga G3 M.	D. ATTENDING MED. STAFF PHYS. 12/15/67
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) JOHN H. HORNBAKER, M.D.	154 W. WASHINGTON ST. HAGERSTOWN, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
REMOVAL (Specify) BURIAL 12/15/67 ROSE HILL C	EMETERY HAGERSTOWN WASH CO MD
24. FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
CHARLES M. ROUZER, HAGERSTOWN, MARYL	AND PASEC 18 1967 Polimiles Judge

THE REPORT OF THE PARTY OF THE TATE OF THE PROPERTY OF THE PARTY OF THE PAR May boat . City The officers of fact. . Mar. 1947. 1947. 1948. . Mar. 1940. April 1940. . 1941. . 19 TAIN THE TAIL OF THE PARTY OF T 

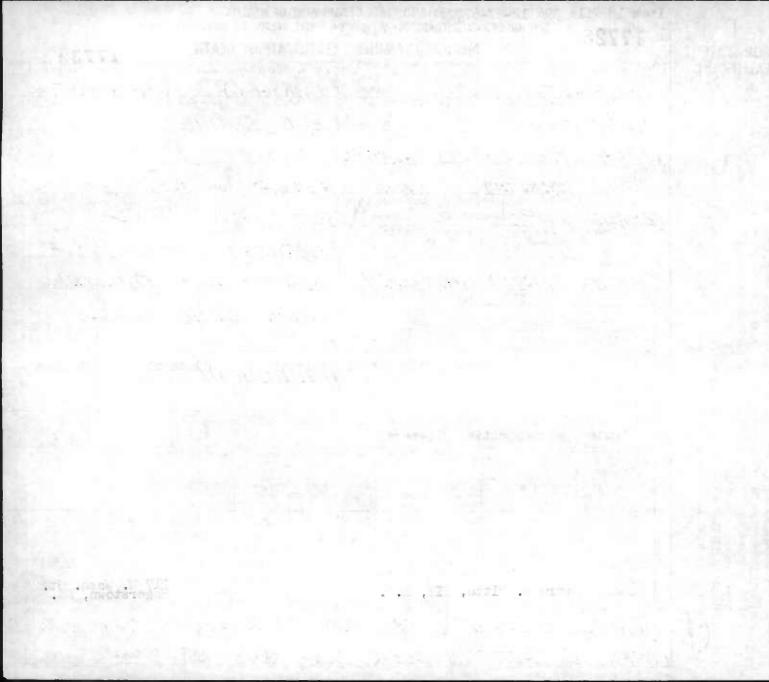
HE is ofter death. If ony deloy is	18. Give Pages, 1, 2, and 3 to BU S e olong with form PM3. Page H S	2 with the State Department of AD	ET.
cerificate should be executed within 24 hours	necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages, 1, 2, and 3 to TNO the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 15.	used as a burial-transit permit. File pages 1 and 2	Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death.
TO DEPUTY MEDICAL EXAMINER: This	necessory, please execute the certificate, the funeral director. Page 4 should be fo	5 may be retained for your files.  TO FUNERAL DIRECTOR: Poge 3 should be u	Health prior to buriol, cremotion, or remo

Item 18 Film 396 12-27-67 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH				
	MEDICAL	FYAMINER'S	CERTIFICATE	OF DEATH

		MEDICAL EXAMINER	'S CERTIFICATE OF	DEATH	17733
	ICE OF DEATH		2. USUAL RESIDENCE (Whe	ere deceosed lived, if institution: b. COUNTY	Residence before admission)
0.	NASHING-TON	MARYLAND	MIRKYLAN	(1) WA	SHING-TON
b.	TTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporote limits, write RURAL	ond give neorest town)
	4 AGERSTOWN	DOA	1316 51	218/NG-	21-1
ď.	AME OF HOSPITAL OR INSTITUTION (If not in I	iospital, give street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
w	ASHINGTON CO.	UNTY HOSPITA	U 131=1)-1		YES NO
	ME OF First CEASED	Middle	Lost	1. DATE Month	Doy Year
	pe or print) / ORO TAY Y	BNN	1 8 DATE OF BIRTH	9. AGE (In years   IF	UNDER 1 YEAR   IF UNDER 24 HRS.
رسم		MARRIED MEVER MARRIED DIVORCED	8. DAIE OF BIKITI	lost birthdoy) M	onths Doys Hours Min.
100 1	GUAL OCCUPATION (Give kind of work done	IDOWED DIVORCED 10b. KIND OF BUSINESS OR	11 RIRTHPLACE Ktote or	foreign country)	12. CITIZEN OF WHAT
	most of working life, even if retired)	INDUSTRY	MARYINA	1) 4/0/1/	COUNTRY?
13. F	THER'S NAME		14. MOTHER'S MAIDEN NAM	TE W 17314.	11.3171
-	HOMAS DOUIL	ILIENCIEV	MARATIN	ANN M	ILLINIX
	AS DECEASED EVER IN U.S. AKMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT	Address	196/14/1
(Yes,	no, or unknown) (If yes give wor or dotes of serv	(ice)	THOMAC	DOUIN 1415	NUEV
T	B. CAUSE OF DEATH (Enter only one couse pe	r line for (o), (b), ond (c).)	11/01/1/2	14010 1112	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	SDT	T		ONSET AND DEATH
	11117 7 1	cute interstitia	l paeumonia	Bilateral	Unknown
	onditions, if ony, which gove (b)		TIPELLE BUILLE	W/77	Olikilowii
5	oting the underlying couse DUE TO			J	
-	st. (c)_				
NOIL	ART II. DTHER SIGNIFICANT CONDITIONS CONTR  Acute pyelonephrit		TD THE TERMINAL DISEASE CONDI	IDN GIVEN IN PART 1(0)	19. WAS AUTDPSY PERFORMED? YES NO
CERTIFICATION	Oo. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Por	t I or Port II of item IB.)	10 2 10
	RIMARY  or CONTRIBUTING  AUSE OF DEATH.		,		
= 1-	Oc. TIME OF INJURY Month, Doy, Year		PLACE DF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
WE S	Hour o.m. p.m. 19	While Not While of work	foctory, street, office bldg., etc.)		
	21. I certify that I took charge of		held an Autapsy 📉.	Inspection . Inquiry	ond in my opinion
M	death resulted fram: Natural ca		Suicide , Homicide	]. Undetermined mani	
	C	0 11	CHIEF MEDICAL EX	AMINER	
	IGNATURE COOL (1).	DINOTH	M.D. ASSISTANT MEDICA	L EXAMINER	22. DATE SIGNED
	XAMINER'S Edward W. Dit	to, III, M.D.	DEPUTY MEDICAL ( Address (Street, ci	EXAMINER 217 W ity, town, or county) Hager	Wash St. 7
23o.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(County) (Stote)
E	URIAL DIEC, 2.	67 CEDARAL	SWN PARK	HAGERSTO	WN WASH. MD.
	XAMINER'S Edward W. Dit		M.D. ASSISTANT MEDICAL I DEPUTY MEDICAL I Address (Street, ci	L EXAMINER AND EXAMINER AND EXAMINER AND EXAMINER AND EXAMINER AND EXAMINED AND EXA	wash St. 7

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

1. PLACE C					(Where deceosed lived, if institution: Reside	ence before odmission)	
	ington		MARYLAND	o. STATE Marylane	b. COUNTY Washingto	nn	
b. CITY (	OR TOWN (If outside corporate limi	ts,	c. LENGTH OF STAY IN 16		outside corporote limits, write RURAL and gi		
	rstown		5 Months	Bural S	mithsburg Rfd. 2	21.1	
	OF HOSPITAL OR INSTITUTION (If r	ot in hospitol, gi		d. STREET ADDRESS		e. IS RESIDENCE	
Jack	son Convalescen	t Home		White H	all Rd.	ON A FARM? YES NO NO	
3. NAME C		irst	Middle	Lost	4. DATE Month	Doy Year	
(Type or	print) Carlo	tta	Pearl	Hoover	OF DEATH December 2	25. 19 67	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years   IF UNDE	R 1 YEAR   IF UNDER 24 HRS.	
Fema	le White	WIDOWED	DIVORCED	Oct. 11, 190	lost birthdoy) Months 7 yrs. 2	Doys Hours Min.	
10e. USUAL	OCCUPATION (Give kind of work done		ID OF BUSINESS OR		y & Stote, or foreign country) 12.	CITIZEN OF WHAT	
None None	of working life, even if retired)		USTRY	White Hal		OUNTRY?	
13. FATHER				14. MOTHER'S MAIDEN		y - 0 - 2 -	
क्षा कर्न	n I. Hoover			Katie B	ckstine		
15. WAS DI	ECEASED EVER IN U.S. ARMED FORCES	16. 5	OCIAL SECURITY NO.	17. INFORMANT	Address Mc	1	
	unknown) (If yes give wor or dotes		3-48-2738	Man Vadda D			
No.	AUSE OF DEATH (Enter only one co			HEBARRITE C.	Hoover, Rfd. 2, St	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY:	100	0), (5), (6)( (5).)	and !		ONSET AND DEATH	
21	5 0 V IMMEDIATE CAUSE		remare	1 Cours	^ /	2 mens.	
Conditi	ions, if ony, which gove	10/1-	1 0	1 10	11 - 0 1	10	
	immediate couse (a)	(N)	remon	grown Ca	yeuvian ( )	7. 7.	
stoting	the underlying couse DUI	10 TO	-1) 8	9 1		101	
last.		(0) / ~~	road V	forces		L'organo.	
PART I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO						
OR CON	CIDENT WAS UNDERLYING  NTRIBUTING CAUSE OF DEATH IER, NOTIFY MEDICAL EXAMINER)	20b. DES	Port I or Port II of item 1B.)				
WEDICAL 20c. I	IME OF INJURY Month, Doy, Yeor Hour o.m.	While	Not While	. PLACE OF INJURY (Home, for foctory, street, office bldg., etc		county) (Stote)	
21	21. I certify that (I) (this haspital) attended the deceased from 1/-9, 1956, ta 12-25, 1967, that (I) (we) lost						
sa	saw the deceased alive on 12-11 1967, and that deoth occurred at 5-A M, fram causes and on the date stated above.						
220	220 SIGNATURE M.D. ATTENDING MED. STAFF 12 -25 Date SIGNED 12 -25-67						
	PHYSICIAN'S NAME (Type) <b>Charles</b>	F. Hess	M. D.	22d. ADDRESS Smiths	sburg, Maryland		
23o. BURIA	L, CREMATION, 23b. DATE TH	HEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)	
Enten	bment 12- 2	7- 67	Smithsburg	Mausoleum	Smithsburg, Md.		
24. FUNER	AL DIRECTOR		ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR'S		
John	H Boot In 11	2 M Ma	in Ct Poone	hama MalourDE	0 0 0 4007 001.	1 0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Poge 4 moy be retoined by the hospital or ottending physicion. VR A15 (4) 25M 1/67

**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician ond campletely filled in by the funeral director, page 3 should be detached far use os the buriol-transit permit. Then please remave carbon papers. Rages 7 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or remavol, and in any event, within 23-rouls effective.

TOTAL CONTRACT OF THE PROPERTY OF THE PROPERTY

Hermineen Hermine Burner Burne

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Alvin I. Hoorer Lands of the country of the country

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Zarombaent 12-27-6; Emibreous Manacloum Grithrout, Ma. do.

## MARYLAND STATE DEPARTMENT OF HEALTH

	MANUEL DEL ANTINETT OF HEACH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120
730	CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24-hours offer deoth. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. VR A15 (4 25M 1/67

Albert L. Leaf Williamsport, Md.

DATE

0

1. PLACE OF DEATH		here deceosed lived, if institution: Resi	dence before admission)				
o. COUNTY Washington	MARYLAND O. STATE MARY	land b. COUNTY W	shington				
b. CITY OR TOWN (If outside corporate limits.		tside corporote limits, write RURAL ond	give neorest town)				
write RURAL and give nearest town Rural Williamsport RFD #1 27		lliamsport RFD #					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street of			e. IS RESIDENCE ON A FARM?				
Williamsport, Md. RFD #1	Williamspor	rt, Md. RFD #1	ON A FARM? YES NO X				
3. NAME OF First	Middle Lost	4. DATE Month	Doy Year				
DECEASED (Type or print) George Frede	rick Hosfeld	OF DEATH Dec.	31 19 67				
S. SEX Male 6. COLOR OR RACE WIDOWED NEW	ER MARRIED   8. DATE OF BIRTH   Feb. 11,1886	9. AGE (In yeors less pirthdoy) Month	DER I YEAR IF UNDER 24 HRS O 20 Hours Min.				
100. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)  Pattern Maker 10b. KIND OF BUS INDUSTRY Alrera	NESS OR 11. BIRTHPLACE (County 8  Pennsylvan		CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME					
Casper Frederick Hosfel	d Anna May	Zearn					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 214-09-		M. Hosfeld	amsport, Md.				
18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), on PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse  UST 10  DUE TO  (c)	in freshord	Slon) - Jeven	INTERVAL BETWEEN ONSET AND DEATH.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES \[ \begin{small} NO \[ \begin{small} Extra condition given in part i(o) \\ NO \[ \begi							
20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeor Hour o.m.  10. While Not N	V INJURY OCCURRED. (Enter noture of injury in P	ort I or Port II of item 18.)					
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCU While Not V of work of w	RRED VALUE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)				
21. I certify that (I) (this haspital) attended the c saw the deceased alive an	deceased from	A M, fram causes and an	h the date stated abave				
A. MUN-MA	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	DATE SIGNED				
22c. PHYSICIAN'S NAME (Type) IT E WATT	Toga 22d. ADDRESSULA	holy Hyuntis	an Mel				
DEMOVAL (Specific)	ME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)				
	st Haven Cemetery	Hagerstown, Wash					
24. FUNERAL DIRECTOR AL	DDRESS 2So. REC'D	BY REGISTRAP 1025 REGISTAR	ESIGNATURE THE				

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be retained by the haspital or attending

**PHYSICIAN:** 

O HOSPITAL OR ATTENDING

TO FUNERAL DIRECTOR: After this certificate has been

The law requires that the death certificate be executed within 24 haurs after

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED-NAME First Lost (Type or print)
HERBERT Year HUMPHREY Dec HUBERT 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 3. SEX lost birthdov) MONTHS HOURS 1884 White Sept 13 Male 83 YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Paw Paw USA WIDOWED [ DIVORCED [ Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Wash County Hospital during most of working life, even if retired.)
Install rurnaces INDUSTRY Hagerstown 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13ber COUNTY NO TE Y Spri Clear 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Last Inst umb 1712 24 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give war or dates of service) 214-09-88 Spring APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave: rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram causes stated abave (we) (did) 19 6 7, and that in (my) (aur) apinian death accorred an the date and haur and fram the view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR 22d. PHYSICIAN'S otomac Street, Hagerstown, Md. NAME (Type) D. Boyer M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (Stote) (County) REMOVAL (Specify) 1/3/68 Hagerstown Cemetery Rose 24. FUNERAL DIRECTOR Coffman Funeral Home andrew Inc DATE

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

17737

			CERTIFICA	IL OI PLAII				1101	
1. PLACE OF DEATH O. Washing	ton		MADVI AND	2. USUAL RESIDEN	NCE (Where deceose		on: Residence		on)
	If outside corporate limits,		MARYLAND LENGTH OF STAY IN 1b		(If outside corporote		-		
Hagerst	d give nearest town)		10 Days		Boonsbor			ediesi rown)	,
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in	hospitol, give	street oddress)	d. STREET ADDRES	S			e. IS RESI	
Washing	ton County Ho	spital		Maple	ville			YES	NO X
3. NAME OF DECEASED	First Howard	LH	Middle 111am	lost <b>Irving</b>	4. DATE OF	Decembe			67
(Type or print) S. SEX		MARRIED X		B. DATE OF BIRTH	DEATH	AGE (In years		EAR   IF UNDE	- 1
Male		WIDOWED	DIVORCED	April 26,		last birthdoy)  or yrs.		oys Hours	Min.
during roost of working	N (Give kind of work done life, even if retired)	10b. KIND	of BUSINESS OR STRY Hatchery	11. BIRTHPLACE (Co	ounty & Stote, or fore		COUN		
13. FATHER'S NAME		FISH	natenery	14. MOTHER'S MAI	ich Co.,	MQ.	U.	5. A.	
Elmer Ir		T 14 .00		Leorh	Haupt				
	ER IN U.S. ARMED FOR CES? (If yes give war or dotes of ser	rvice)		. INFORMANT		Addre			
No.		213-	18-9037 M	rs.Esther	V. Irving	, Rfd.	Boor Boor	sboro	Md.
1B. CAUSE OF D	EATH (Enter anly one couse p	er line for (o)	, (b), and (c).)	10	EL MOSELL			INTERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE (o) _	Let	1 her	follogia				ONSET AND	DEATH
13517	DUE TO	U	0	0 012	17 107173				
Conditions, if ony	, which gove ) (b)	Cere	brol Leu	wontay	e			7 20	7
rise to immedio	te cause (o), ( DUE TO								1
stoting the under	(c)								
	IGNIFICANT CONDITIONS CONTI	PIRITING TO (	DEATH RUT NOT RELATED T	O THE TERMINAL DISEAS	SE CONDITION GIVEN	IN PART 1(n)		19. WAS AUT	OPSY
S TAKE III. OHIEK S	Confa		Beand	Laile		IN TAKE I(O)		PERFORM	MED?
S ACCIDENT WA				/\		II of item ID)		YES	NO [
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURRE	D. (Enter noture of Inju	ry in Part I ar Part	II of Ifem IB.)			
	URY Month, Doy, Yeor			PLACE OF INJURY (Home		(City or town)	(Count	γ)	(Stote)
Hour o.	m. m 19	While of work		octory, street, office bldg	j., etc.)				
21   certi	fy that (1) (this haspite			12.24	. 1957 to	12 - 12	1967	. that (1) (	we) las
saw the d	21. I certify that (I) (this haspital) attended the deceased fram 12-24, 1957, ta 12-12-, 1967, that (I) (we) last saw the deceased alive an 12-12-1967, and that death accurred at 12.4 M, fram causes and an the date stated abave.								
	22o. SIGNATURE 22b. DATE SIGNED								
100	ATTENDING M.D. PHYS DIRECTOR DAYS DIRECTOR DAYS DIRECTOR DAYS DIRECTOR DAYS								
22c. PHYSICIAN'S NAME (Type	Joseph.	SECO	NDARI	22d. ADDRESS	300NSB	o Ro Ma	1 21	713	
230. BURIAL, CREMATI	ON, 23b. DATE THEREO	F I	23c. NAME OF CEMETERY (			ATION (City or Tov			Stote)
REMOVAL (Specif	12- 14-	67	Mt. Lena C	emeterv	A CONTRACTOR OF THE PARTY OF TH		sh. Co		
24. FUNERAL DIRECTO			ADDRESS		REC'D BY REGISTRA		GISTRAR'S SIGN		
John H. B.	ast, Jr. 112	N Med	n St Roome	DONO MA DAN	TO 4 0 4	007 00	learla	Oudes	2
JOILL II. Di	abu, ul'. IIZ	M. Hal	H DU. DOURS	DOLO . LICI DA	IFI. TX I	JO/1 X	- Am But Tolk	1 1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 59 Th. funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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12-11-59 My. Lenn Cemerary

Mr. Lean. Mann. Man. . Mr.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

#### MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS

	PLACE OF DEATH O. COUNTY					Where deceosed lived, if instit		
	W	ASHINGTON		MARYLAND	MA		WASH	
	b. CITY OR TOWN write RURAL or	(If outside corporate limit R STOWN)	5,	c. LENGTH OF STAY IN 16		utside corporote limits, write R	RURAL ond give n	learest town)
				60 YRS.		STOWN		7//
6		TAL OR INSTITUTION (IF no GTON COUN!			d. STREET ADDRESS	EW ST.		e IS RESIDE ON A FAR
							.1	YES N
	NAME OF DECEASED (Type or print)	IRA	rst	WILLIAM	KAUFFMAN	OF DEATH DE	CEMBER	- 11 -
S.	MA LE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9/23/1	9. AGE (In yeors 681 birthdoy) yrs.	Months D	EAR IF UNDER 2
		N (Give kind of work done life, even it retired) N I	ST FU	ND OF BUSINESS OR RICHARD		(& Stote, or foreign country)	12. CITIZI COUN	EN OF WHAT
-	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
	WILLI	AM KAUFFM	AN		REBECC.	A SHIVES		
15	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	of carvical		7. INFORMANT		dre HAGER	
1	NO	(If yes give wor or dotes of	2	14-09-6720	MR. CARL	J. KAUFFMA	N	MD.
		DEATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	181.	(o), (b), and (c).)	Kra			ONSET AND DE
	2 411	DUE	TO					11
	Canditions it on		- /					1/0-
	Conditions, if on	te couse (o),	(b)	physeura				year
		te couse (o),	10	ephypeura	Heart 70	ilun, Cl	nonic	Gun 6 un
-	nse to immedia stating the und last.	te couse (o), DUE	10 Coc.	ephipeura gustion O DEATH BUT NOT RELATED	Heart To TO THE TERMINAL DISEASE CO	idum Ch	nonie	
ATION	nse to immedia stating the und last.	te couse (o), DUE	10 Coc.	gustino death BUT NOT RELATED	Heart Fo TO THE TERMINAL DISEASE CO	iden (Co)	nonie	PERFORME
CERTIFICATION	nse to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTING	te couse (o), erlying couse DUE  DUE  DUE  DUE  DUE  DUE  DUE  DUE	(c) Coc.			NDITION GIVEN IN PART 1(o) Port I or Port II of item 18.)	nonie	PERFORMED
MEDICAL CERTIFICATION	nse to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF IN Hour o	AS UNDERLYING COUSE  AS UNDERL	TO (c) CONTRIBUTING TO 20b. DES 20d. IN While	SCRIBE HOW INJURY OCCURR  JURY OCCURRED 20e.		Port I or Port II of item 18.) m, 20f. (City or town)	(Count	PERFORMEL YES N
	nise to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF IMHOUR OF P  21. I cert	AS UNDERLYING COLOR OF CALL OF	ONTRIBUTING TO 20b. DES 20d. IN While of work	SCRIBE HOW INJURY OCCURR  JURY OCCURRED 20e.  On Mot While of work 1	ED. (Enter noture of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., etc.	Port I or Port II of item 18.) m, 20f. (City or town)	Cec, 19 6	PERFORME YES \( \) \( \) \( \) \( \)
	nise to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF IMHOUR OF P  21. I cert	AS UNDERLYING COUSE  AS UNDERL	ONTRIBUTING TO 20b. DES 20d. IN While of work	SCRIBE HOW INJURY OCCURR  JURY OCCURRED 20e.  On Mot While of work 1	ED. (Enter noture of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., etc.	Port I or Port II of item 18.)  m, 20f. (City or town)  19 / ta	Cec, 19 6	PERFORME YES N  (s)  (s)  (that (l) (w) date stated
	PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF IN. Hour o P  21. I cert saw the co	AS UNDERLYING COUSE  AS UNDERL	TO (c) ONTRIBUTING T  20b. DES  20d. IN While of work	SCRIBE HOW INJURY OCCURR  JURY OCCURRED 20e.  On Mot While of work 1	PLACE OF INJURY (Home, for foctory, street, office bldg., etc.) that death occurred a	Port I or Port II of item 18.)  m, 20f. (City or town)  19 , ta 19 fram couse  MED. STAFF DIRECTOR PHYS.	s and on the	PERFORME YES N  (s)  (s)  (that (l) (w) date stated

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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#### CERTIFICATE OF DEATH

17739

			CLKII	ITCAIL	OI DEA	1111			all. I	1 43	27		
1. PLACE OF DEATH					2. USUAL RESI	DENCE (WI	nere decea			ence befar	e admissia	n)	
o. COUNTY WASHINGTON			MARYLAND		o. STATE MARYLAND b. COUNT					WASHINGTON			
b. CITY OR TOWN (	If autside carparote limits,		c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOV	VN (If auts	ide corpara	ate limits, write	RURAL and g	ive neares	t town)		
write RURAL and give nearest town) RURAL HAGERSTOWN			80 DAYS		HAGERSTOWN					21.	11-1		
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	n haspital, gir	ve street oddress)		d. STREET ADD	RESS					e IS RESID	ENCE RM2	
AVALON	MANOR CONVAI	ESCEN	r home		814	DEWE	Y AVE	NUE				NO K	
3. NAME OF First DECEASED (Type or print) JOSEPH			Middle		lost	OF			Month				
					KNOTT, SR. DEATH DECE				EMBER				
S. SEX	6. COLOR OR RACE 7.	. MARRIED	NEVER MARRI		. DATE OF BIRTI			P. AGE (In year lost birthdo	rs IF UNDE y) Manths		IF UNDER Hours	Min.	
MALE	AATTTTT	WIDOWED [	DIVORC	ED INC	VEMBER								
during most of working life, even if retired) INI			D OF BUSINESS OR USTRY  LANCE SA	11. BIRTHPLACE (County & Stote, or foreign country) GLYMOUNT, MARYLAND.				12.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME					14. MOTHER'S	MAIDEN NA	ME						
WILLIAM	J. KNOTT				SUS	AN RI	EBECC	A PRICE	E				
IS. WAS DECEASED EVI	R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. 11	NFORMANT	3.0		814	DEWEY .	AVEN	UE.		
NO NO	***	21	4-09-966	1 MRS	. MYRTI	E A.	KNOT		GERSTO			AND	
Canditians, if any nise to immedio stofing the under	te cause (o), PUE TO (c)	down	tereo se trutos tery	i pi	ghta	ut,	rall	chal		29	Hat	9.	
PART II. OTHER S	IGNIFICANT CONDITIONS CONT	TRIBUTING TO	DEATH BUT NOT R	ELATED TO T	HE TERMINAL DIS	SEASE COND	ITION GIVI	EN IN PART 1(o	P)		WAS AUTO PERFORME ES		
(IF FITHER NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED. (	Enter noture of	injury in Po	art I ar Poi	rt II of item IB	.)				
20c. TIME OF INJ Hour 'a. p.	10	2Dd. INJ While ot work	URY OCCURRED  Nat While of work		E OF INJURY (Ho ory, street, affice t		20f.	(City or town		ounty)	1	Stote)	
sow the d	fy that (I) (this lastic eceosed alive on 12		the deceased 1962,	d from_() , and that	death accur	, 19 red at	Sep 1	a /)€€ A, Yram caus		the dat	e stated	above	
220. SIGNATURE	E Junier	S		M.D			NED. IRECTOR	STAFF PHYS.	22b.	DATE SIGN		7.	
22c. PHYSICIAN'S NAME Hype	GEORGE JEI	NNINGS	M.D.		22d. ADDR 318 N.			ST. HA		WN, N	MARYL	AND.	
23a. BURIAL, CREMATI				METERY OR C	REMATORY . 23d. LOCATION (City or To				,	own) (Caunty) (State)			
REMOVAL (Specify) BURIAL		7		AVEN C	EMETERY			ERSTOW					
24. FUNERAL DIRECTO	)R		ADDRESS		2	So. REC'D	BY REGIST	PAR 1998	. REGISTRAR'S	SIGNATUI	REJudg	2	
CHADITE	M POUZIED I	TAGER	mar 27 364			ATF JA	14 %	1000	1	- 4	1 0		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funel director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages T or should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours after the Poge 4 may be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67

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uneral and 2 leath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY Washington	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Washington
write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sharpsburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g	give street address)   d. STREET ADDRESS   e. IS RESIDENCE
Washington Coumty Hospital	215 E. Main Street ON A FARM? YES NO 2
( ) ( )	dney Leatherman   4. DATE   Month   Day   Year   67
5. SEX 6. COLOR OR RACE 7. MARRIED NEV WIDOWED WIDOWED	VER MARRIED 58. DATE OF BIRTH  Jan. 2 1903  9. ACE (in years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Upholster  10b. KIND OF B INDUSTRY Hess Au	to Body Sharpsburg Maryland COUNTRY? U.S.A
13. FATHER'S NAME  Alvey Leatherman	14. MOTHER'S MAIDEN NAME  Goldie Gray
	SECURITY NO.   17. INFORMANT Address E. Main St.
18. CAUSE DF DEATH [Enter only one cause per line for (a  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)	ent: c heart Titere Years.
	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	E HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF Hour a.m. While at work at	CCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  While work
22a. SICNATURE Structurai	1969, and that death occurred at YPM, from the causes and on the date stated above.  M.D. PHYS.   ADDRESS   12.   14.   67
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. 1	NAME OF CEMETERY OR CREMATORY View Cemetery  23d. LOCATION (City, town or county) Sharpsburg  Wash.  (State) Md.
24. FUNERAL DIRECTOR Albert L. Leaf Williamsport	Maryland   25a. REC'D BY RECISTRAR'S SIGNATURE   DEC 18 1967   Classical Parks   Dec 18 1967   Classical Parks   Dec 18 1967   D

VR AI5 (4) 20M 1/65

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

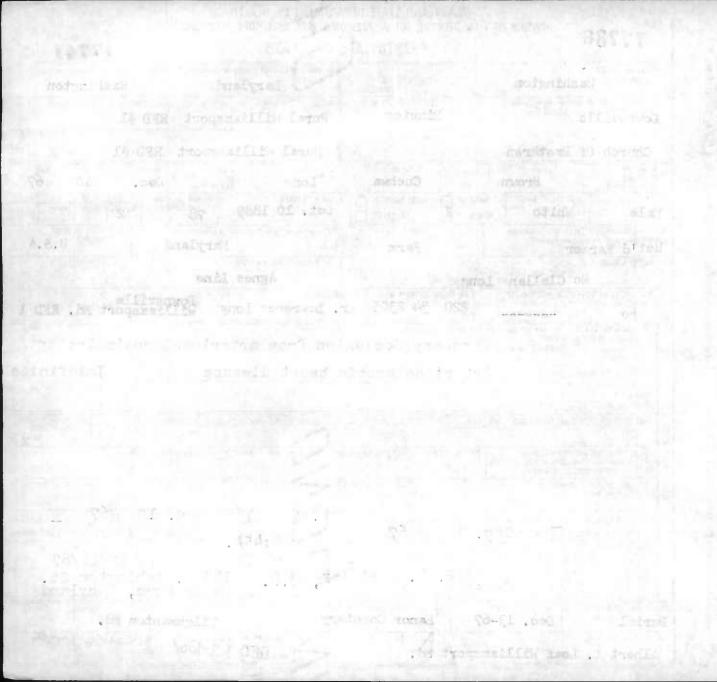
17736

## CERTIFICATE OF DEATH

17743

	COUNTY Washington  CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  Winutes  NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  Church Of Brethren  AME OF Brown  Cushwa  XX  6. COLOR OR RACE  White  White  Widowed  Town Never MARRIED  Whosper or print)  Washington  MARYLAND  CLENGTH OF STAY IN 1b  Minutes  Minutes  Minutes  Middle  Cushwa  XX  6. COLOR OR RACE  Widowed  Town Never MARRIED  Whosper or print)  Minutes  Middle  Cushwa  XX  6. COLOR OR RACE  Widowed  Tob. KIND OF BUSINESS OR INDUSTRY  Farm  FATHER'S NAME  Mc Clellan Long  WAS DECEASED EVER IN U.S. ARMED FORCES?  no, or unknown) (If yes give wor or dotes of service)  NO  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave is ta immediate cause (a), but to conditions, if any, which gave last immediate cause (a), but to conditions, if any, which gave last immediate cause (a), but to conditions, if any, which gave last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT RELATED  20b. DESCRIBE HOW INJURY OCCURRED While of work and w								
PLACE OF DE     a. COUNTY	COUNTY Washington  CITY OR TOWN (If autside carparate limits, write RURAL Indigive nearest tawn)  NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  Church Of Brethren  AME OF First Middle  RECEASED RIVE AND CUSHN  AND OCCUPATION (Give kind af wark done gross of warking life, even if retired)  FATHER'S NAME  MC Clellan Long  WAS DECEASED EVER IN U.S. ARMED FORCES?  NO  18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave ise ta immediate cause (a), stating the underlying cause  CITY OR TOWN  MINUTES  Middle  Cushn  NEVER MARRIED  NE		MADYI	0.	CTATE	(Where deceased lived,	1 000111711	idence before add	,
b. CITY OR TO Write RUR Downsv			c. LENGTH OF STAY IN	1b c. CII	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  Rural Williamsport RFD #1				
d. NAME OF H	OSPITAL OR INSTITUTION (If no	d. ST	REET ADDRESS			e. IS	RESIDENCE		
Churc	ECEASED   Brown   Cushwa    EX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED    Ale   White   WIDOWED   DIVORCEI    USUAL OCCUPATION (Give kind af wark done on a mast of warking life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   Farm    FATHER'S NAME   Mc   Clellan   Long				tural Wi	lliamsport	RFD #	L YES	A FARM?
3. NAME OF DECEASED (Type or print	Washington  CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  MAME OF HOSPITAL OR INSTITUTION (If nat in haspital property)  ME OF FEASED  De or print)  6. COLOR OR RACE  White  White  White  Wido  Collan  AS DECEASED EVER IN U.S. ARMED FORCES?  O, ar unknown)  (If yes give wor or dotes of service)  NO  COLOR OR RACE  WIDO  IT OF THER'S NAME  MC Clellan  MC Clellan  MS DECEASED EVER IN U.S. ARMED FORCES?  O, ar unknown)  (If yes give wor or dotes of service)  NO  COLOR OR RACE  MIDD  TO THER'S NAME  MC Clellan  ION  AS DECEASED EVER IN U.S. ARMED FORCES?  O, ar unknown)  (If yes give wor or dotes of service)  NO  COLOR OR RACE  TO MAR  WIDO  TO THER'S NAME  MC Clellan  ION  AS DECEASED EVER IN U.S. ARMED FORCES?  O, ar unknown)  (If yes give wor or dotes of service)  NO  COLOR OR RACE  TO MAR  WIDO  TO THER'S NAME  (b) Arm  DUE TO  COLOR OR RACE  TO MAR  WIDO  TO THER'S NAME  (c)  COLOR OR RACE  TO MAR  WIDO  TO THER'S NAME  (d)  DUE TO  (e)  ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  TO THE OF INJURY MANTH, Day, Year  Hour 'a.m.  D.C. TIME OF INJURY MANTH, Day, Year  Hour 'a.m.  THE EITHER, NOTIFY MEDICAL EXAMINER)  OC. TIME OF INJURY MANTH, Day, Year  Hour 'a.m.  THE EITHER, NOTIFY MEDICAL EXAMINER)  OC. SIGNATURE  20. SIGNATURE  21. I certify that (I) (this haspital) as saw the deceased glive an Dec.  22. SIGNATURE  22. PHYSICIAN'S  NAME (Type)				Long	4. DATE OF DEATH	Manth Dec.	Day 10	Year 19 67
S. SEX Male					of BIRTH	9. AGE (II	rthday) Mant		JNDER 24 HRS. Durs Min.
10a, USUAL OCCUP during mast of wo	PATION (Give kind af wark done arking life, even if retired) Farmer		YATZIIG	11.8	IRTHPLACE (Count	y & State, or fareign cour Maryla	17	COUNTRY?	.S.A
13. FATHER'S NA	AME			14. A	NOTHER'S MAIDEN				
		Long			Ag	nes Line			
(Yes, no, ar unkno				Mr. L	awrence	Long Wi	wnsville Iliamspo	rt Md.	RFD 1
Conditions,	if any, which gave ediate cause (a), underlying cause	Arte:	riosclero	otic h	eart d	isease			inite
PART II. OTH	HER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO	O DEATH BUT NOT RELAT	TED TO THE TER	MINAL DISEASE CO	ONDITION GIVEN IN PAI	RT 1(a)	19. WAS PERI YES	AUTOPSY FORMED? NO
OR CONTRIB	UTING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter n	ature af injury in	n Part I ar Part II af ite	em 18.)		
20c. TIME O	ur a.m.	While	Not While		IJURY (Hame, fa et, office bldg., et		r town)	(Caunty)	(State)
21. I c	certify that (1) (this hasp	ital) attend	ed the deceased fr 19 <b>.67</b> , ar	ram Oct nd that deat	5 h accurred q	19 <u>65</u> , taDec	causes and a	19 <mark>07</mark> , that (	
22o. SIGNA	TURE/MI WY	sly		M.D. PH			AFF	DATE SIGNED 2/11/6	7
		mili	B. B. Kne	isley		148 W. Hagers	Washingtown,	gton S Maryla	
23a. BURIAL, CRE BURIAL, CRE	MATION, pecify) 23b. DATE THE Dec. 1		23c. NAME OF CEMET				manton l		(State)
24. FUNERAL DI	RECTOR		ADDRESS		2So. REC	FC 1 3 196	2Sb. REGISTRAT	'S SIGNATUR	dal
Albert	T. Teaf Will:	amspor	+. Md -		DATE	FC 13 196	1	()	V

deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function director, page 3 should be detached for use as the buriof-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the Stote Dept. of Health prior to buriof, cremation, or removol, and in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after. Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

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Items #7,8 & 9	ORDS, 301 W. PRESTO	N STREET, BALTIMORE	, MARYLAND 212
Items #7,0 & 9	CERTIFICATE	OF DEATH	
	CERTIFICATE	OI DEATH	

	1 6 5 5	) Tuems h	1,000	CERTIFI	CATE	OF DEATH			1	774	42	
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where decea	sed lived, if institut	ian: Residen	e befare	admission	n)
	a. COUNTY	Washingto	on	MARYL		"Marylan	nd	b. COU	Wash	ning	ton	
ł	D. CITY DR TDWN (I	f autside carparate limits,		c. LENGTH DF STAY IN	16	c. CITY DR TOWN (If au	tside corpore	ate limits, write RUI	RAL and give	negrest	town)	101
	Hager	give nearest town)  B TOWN,	1	5 Days		Willian	spor	t. RT#1	7		21-1	1
(		AL OR INSTITUTION (If nat	in haspital, g	ive street address)		d. STREET ADDRESS				0	IS RESIDI	
M	ashing	ton County	Hosp	ital		Charles	Wil:	Road		У	ON A FAI	NO 🗌
1	NAME OF DECEASED Type ar print)	Eva Ag	nes	Middle Lori:	nce	Last	4. DATE OF DEATH	Decen		8,	Уеа 19 <b>6</b>	7
S. S	SEX	6. CDLDR OR RACE	7. MARRIED	NEVER MARRIED	D 8	DATE DE BIRTH	9	9. AGE (In years		YEAR	IF UNDER	
F	emale	117 00		DIVORCED		Jan. 4, 18	92	last birthday) 75 yrs.	Months	Days	Haurs	Min.
10a.	USUAL OCCUPATION	(Give kind af work dane		ND OF BUSINESS OR		11. BIRTHPLACE (County			12. CIT	IZEN OF	WHAT	
3011	ng most of warking House	e Wife	OWI	n Home		Czechoslo	ovaki	a	U	INTRY?	A.	
13.	FATHER'S NAME		14-1-17			14. MOTHER'S MAIDEN N	NAME			-		
		nknom Furi					No R	lecord				
15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	l6. S	SOCIAL SECURITY NO.		NFORMANT		WiAdd	flams	rog	t. Mc	1/
1. 0.	No	(If yes give war or dates af s	, , ,	None	Mr	s. Anna Ha	arshn	man RT	#1	*		
T		ATH (Enter only one cause	per line for	(o), (b), and (c).)						INTE	RVAL BETV	VEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (o	Thes	withen	LEGE					ONS	ET AND DE	ATH
	33/X	DUE TO	1				,			-	Elle	10
	Conditions, if any,		'/	1/1						2	whe	2
	rise ta immediate	e cause (a),	' —				_		-			-
	stoting the under	lying cause										
	last.	) (c	-							Lin	WAS AUTO	DCM
3	PART II. OTHER SIG	GNIFICANT CONDITIONS COM	TRIBUTING TI	D DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	IDITION GIVE	EN IN PART 1(a)		19.	WAS AUTD	D? D?
3	1/1	obable 1	Via	tetes h	ul	Cotres				YES:		10 0
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DES	CRIBE HOW INJURY OCC	CURRED. (	Enter nature of injury in I	Part I or Par	rt II af item 18.)				
3	20c. TIME OF INJU	IRY Manth, Day, Year	20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Hame, farm	, 20f.	(City or town)	(Cau	nty)	(5	itote)
MED	Hour 'a.n p.n	10	While at work	Not While at work	facto	ry, street, affice bldg., etc.)		a 10		1 000		
	21. I certif	y that (I) (this haspi	tal) attend	ed the deceased f	ram	There !	9671	0 8/1		, the	it (I) (w	rel last
		ceased alive an	-7 2110	2 1967, al	nd that	death accurred @	430N	A, fram causes	and an th	e date	stated	abave.
	22o. SIGNATURE	10 00								TE SIGNE		
		40 Calil	sins		M.D		MÉD. DIRECTOR	STAFF PHYS.	1/12	101	1-	7
	22c. PHYSICIAN'S	130000				22d. ADDRESS	PINECTOR		(	101	-	
	NAME (Typ)	r. J.D. W	ilson				rn A	ve.Hage	rsto	m,l	ld.	
23a.	BURIAL, CREMATIO		OF	23c. NAME OF CEMET	ERY OR C			CATION (City or To		(County)		ate)
	REMOVAL (Specify)	Town In .	107	St. Mers	rla	Cemetery		ectrone		, ,,	(3.1	4
24.	FUNERAL DIRECTO	Hagerstow	m Ma	ADDRESS	9	2Sq. REC'D	BY REGISTE	RAR 2Sb. RE	GISTRAR'S SI	GNATURE		-
۸ ~	N more	Coffman	in and	Home T	na	UEL	II		-erpen			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

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VR A15 (4) 25M 1/67

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14433		CERTIFICAT	E OF DEATH		17743
1. PLACE OF DEATH o. COUNTY ashingt	on	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marvle	here deceosed lived, if institution: Residence b. COUNTY and Washing to	
b. CITY OR TOWN (If outside write RURAL and give near Hagers to	rest tawn)	c. LENGTH OF STAY IN 16		side corporate limits, write RURAL ond	give neorest town)
d. NAME OF HOSPITAL OR INS			d. STREET ADDRESS	odcrest Boad	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ATI	First	Middle	Lost DONAL D	4. DATE Month OF DEATH DEG 6 196	Doy Year
		RRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH  June 30 18	9. AGE (In years IF UND	ER 1 YEAR   1F UNDER 24 HR s Doys Hours Min
10o. USUAL OCCUPATION (Give kinduring most of working life, even in VICE PTES  13. FATHER'S NAME		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (County & Bad Axe F	Huron Co Mich.	COUNTRY?
Archie T.  IS. WAS DECEASED EVER IN U.S. A (Yes, no, or unknown) (If yes giv	RMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	J: Frank Address Address Address	
PART I. DEATH WAS CA	USED BY: NEDIATE CAUSE (0)	line for (o), (b), and (c).)	Hager	iscot Road Sstown Md	INTERVAL BETWEEN ONSET AND DEATH
rise to immediate couse ( stoting the underlying cou last.	o), se DUE TO (c)	Coronary hear	r distant		11 grans
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELATED TO	) THE TERMINAL DISEASE CONC	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E.	OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month Hour o.m. p.m.			ACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that saw the deceased	i) (this haspital) alive on	attended the deceased fram_ (2~6_19.6.7., and th	at death accurred at	138, ta 12-6, 1 1.4 M, from couses and an	9 <u>67</u> that (I) (we) I the date stated abo
			A.D. PHYS.	DIRECTOR L. PHYS. L.	DATE SIGNED 7
22c. PHYSICIAN'S NAME (Type)	John H. Ho	rnbaker, M.D.	Ha	54 West Washington agerstown, Md. 2	
230. BURIAL, CREMATION, CREMOVAL (Specify)	23b. DATE THEREOF 12/7/67	23c. NAME OF CEMETERY OF Rest Haven	Cemetery	23d. LOCATION (City or Town) Hagerstown	(County) (Stote)
	cgerstown Coffman	Funeral Home		BY REGISTRAR 2Sb. REGISTRAR C 1 1 1967 ACL	S SIGNATURE

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificote be executed within 24 hours ofter death. Page 4 moy be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled may the funeral

VR A15 (4) 25M 1/67

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ter death funeral 1-0nd

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

1 0 0 0		CERTIFICAT	E OF DEATH		17711	
1. PLACE OF DEATH				Where deceased lived, if institu		ian)
a. COUNTY	Washington	MARYLAND	a. STATE	. Va. b. (0)	Lincoln C	
b. CITY OR TOWN	(If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside carparate limits, write RL	JRAL and give nearest tawn)	
	nd give nearest tawn)	3 weeks	W. Ham1	in	85	3
	ITAL OR INSTITUTION (If nat in hasp	oital, give street address)	d. STREET ADDRESS		e. IS RES ON A	DENCE
854 Vie	ew St.		RFD 1		YES 🗌	NO 🗌
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mar		ear
(Type ar print)	E1ma	Edith	Madden	OF DEATH Dec	ember 29, 19	67
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Manths Days Haurs	R 24 HRS.
female	white wido	WED DIVORCED	9-18-03	6 det birthday) yrs.	Mairins Days Hadis	PANT.
10a. USUAL OCCUPATIO		Db. KIND OF BUSINESS OR INDUSTRY		& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?	
rrousewi	er e	mposiki	Hamlin,	W. Va.	COUNTRY .	
13. FATHER'S NAME	Wannar D I.		14. MOTHER'S MAIDEN			
	Henry R. Lu	cas		Nola Forshi	Le	
	/ER IN U.S. ARMED FORCES? (If yes give war ar dates af service)		INFORMANT	Addi		
no	(ii yes give wai ai aares ai service)		Lorenza Ma	dden, Hager	stown, Md.	
1B. CAUSE OF D	DEATH (Enter anly ane cause per lin	ne for (a), (b), and (c).)	01 0		INTERVAL BE	
4200	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	awidella	Klutter		ONSET AND	DENH "
7200	DUE TO	04.0	H D	1 1 .	0.10	10 0 V
Canditians, if an		Werescher	lu hear	I desease	2 Judek	mel
rise to immedia					U	
last.	(c)		Self of the last of the			
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AU	TOPSY
2	eneralund	MITHIN	or terois		PERFOR/	NU NU
2Da. ACCIDENT WA	AS UNDERLYING  20	Ob. DESCRIBE HOW INJURY OCCURRED	0000	Part I ar Part II of item 18.)		
OR CONTRIBUTING	G □ CAUSE OF DEATH Y MEDICAL EXAMINER)					
7		PDd. INJURY OCCURRED 2De. P	LACE OF INJURY (Home for	m. 20f (City or town)	(Caunty)	(State)
Haur a	.m		actory, street, affice bldg., etc.			(/
21. I cert		ttended_the deceased from_	1276-67	19 to olean	19, that (1)	(we) las
		-27 1967, and th	at death accurred of	6A M, from causes	ond an the date state	d obave
22a. SIGNATURE	0	1 10	ATTENDING	MED. STAFE	22b. DATE SIGNED	01
	CT II	110 adda	A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	12-29	07
22c. PHYSICIAN'		Fella 110	22d. ADDRESS	(	med	/
NAME (Type	Koberli	1166916		agerstan	n mi	
23a. BURIAL, CREMATI	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or To		(State)
REMOVAL (Specific Durial	12-31-67	Madden Cer	neterv	Hamlin, W	· Va.	100
24. FUNERAL DIRECT	OR	ADDRESS	2Sa. REC		EGISTRAR'S SIGNATURE	
Minnich	1 Funeral Hom	e, Hagerstown	, Md . DATE J	AN 2 1968	Milanes Jus	ge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificote has been signed by the ottending physicion and completely filled director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove carbon page should be filed with the State Dept. of Heolth prior to burial, cremation, or removol, ond in any event, within 7 VR A15 (4) 25M 1/67

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VR A15 (4)

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

-	9 6 35 7			2 1 1 7 1/
1.	PLACE OF DEATH  e. COUNTY		2. USUAL RESIDENCE (Where decaased lived, if instit	h / .
_	WASHINGTON	MARYLAND	MARYLAND	ALLEGARY
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUI	10 . 10
	HAGERSTOWN		516 MECHANIC St.	CUMBERLAND
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	VESTERN MARYLAND STATE HOSPI		516 MECHANIC ST	YES NO
3.	NAME OF DECEASED First	Middla	Lasi 4. DATE Month	Dey Yaer
_	(Typa or print) Ruth Pea	rl M	2 one DEATH DEC	13 1961
\$.	SET MALE 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   B.	/ last birthday) Mo	INDER 1 YEAR IF UNDER 24 HRS. In this Deys Hours Min.
	JEMARE WILL WILLOWED	DIVORCED   V/	uly 28, 1401 66 yrs.	
	e. USUAL OCCUPATION (Give kind of work one during regst of working life, evan if retirad)	OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
	Domestic WORK Thea	tre	Cumbuland, MACYLAND	u.3.
13	FATHER'S NAME	1/	A. MOTHER'S MAIDEN NAME  SARAH  SARAH	ELIZA GOVH
46	Long, Michard Vi	V .	DATER	~ ~ ZMOLYM
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI	IAL SECURITY NO. 17. INI	MIALIE A/MINILI 6/017	-chame St.
-	NO 2/1	-17-07/2 /9/	Cumber	lond, md.
	18. CAUSE OF DEATH [Enter only one causa per line for PART I. DEATH WAS CAUSED BY:		nin wild nit Las sh	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) My 5	ERNEPHRO	MA with METASTA	515 7915
	DUE TO			
	Conditions, if any, which gave rise to immediate cause		,	
	(a), stating the undarlying DUE TO			
-	Cause last. (c)	UTING TO BEATH BUT NOT	DELATED TO THE TERMINAL DISCLES COMMITTAL	ALBART (-): 10 WAS AUTORSY
10 No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JING TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	PERFORMED?
N S	20- ACCIDENT WAS UNDERLYING ST			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL			OF INJURY (Home, farm, ' 20f. (City or town)  7, streat, office bldg., atc.)	(County) (State)
WEL	p.m. 19 at work	at work		
	21. I certify that (I) (this hospital) attended	4		, 19.6.7, that (I) (we) last
	saw the deceased alive on. LCC 13	196, and that de	eath occurred at J. HJM, from the causes and	on the date stated above.
	220. SIGNATURE POR EUR CULA	N.D.	ATTENDING MED. PHYS. DIRECTOR PHYS.	CC. 14, 1967 SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS	
	NAME (Typa) / E. U. JORCIA	UNCULA	WESTERN MARYLAND	SlATE HOSpital
23		. NAME OF CEMETERY OR		
	Switch 12/17/67 Su	n set Memoria	l Park   Cumberland, Al	Legany, Md.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	- 2	RAR'S SIGNATURE
	H. Wayne George Cumberl	and, Md.	DATENFO 1 8 1967 100	ranles Judge

Pearl Malone Dec 13 ET A STATE OF THE PARTY OF THE PAR Decided by the value of the val 

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17746

	PLACE OF DEATH					Where deceosed lived, if instituti	on: Residence befor	re odmission)
	o. COUNTY Wa	shington		MARYLAND	West Virgin	nia b. COUN	"Hampshi:	re /
	b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH O	F STAY IN 1b		itside corporote limits, write RUR	AL ond give neores	st town)
	Write KURAL on Hage	d give nearest town)	l yea	ar	Romney			21.1
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in h	ospitol, give street addi	ress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	376 Ke	y Circle						YES NO X
3.	NAME OF DECEASED (Type or print)	Bertha Eli		ddle ning	Lost	4. DATE Month OF DEATH Dece	mber 19,	
S.	SEX <b>F</b>	W			B. DATE OF BIRTH Oct. 23, 19	9. AGE (In years lest pirthdoy) yrs.	Months Doys	Hours Min.
	ing most of working  Housew	N (Give kind of work done life, even if retired) rife	10b. KIND OF BUSINES	SS OR		& Stote, or foreign country) County, W. Va.	12. CITIZEN OI COUNTRY?	2
13.	. FATHER'S NAME			A STATE OF	14. MOTHER'S MAIDEN !			
	James E.	Beatty			Jennie E.			
		ER IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	16. SOCIAL SECURIT		informant ie Marie Be	atty (sister)	76 Key Clagerstow	irde
		EATH (Enter only one couse per ITH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 1 1 1 1 1	c).)			INT	TERVAL BETWEEN NSET AND DEATH
	Conditions, if ony	te couse (a)	harynx wit	h metast	asis to med	iastinum and	1	3 months
	stoting the under		right lu	ng				
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)		WAS AUTOPSY PERFORMED?
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW II	NJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port II of item 1B.)		
MEDICAL	Hour o.	URY Month, Doy, Yeor m. 19	20d. INJURY OCCURR While Not Whi of work of work	le foc	CE OF INJURY (Home, form tory, street, office bldg., etc.)		(County)	(Stote)
	21. I certi	ify that (I) (this haspital eceased alive an De	attended the dec	eased fram_N 67, and tha	lovember , 1 t death accurred at	966 ta December 11:55 A Mram causes of	r, 19 <b>67</b> , th	nat (I) (we) la te stated abay
1	220. SIGNATURE		Kehn e	M.	ATTENDING D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGN	NED
	22c. PHYSICIAN'S NAME (Type		e, M.D.	1	22d. ADDRESS	nwood Hgts., H	lagerstow	m,Md.
230	o. BURIAL, CREMATI			OF CEMETERY OR	crematory emetery	Romney, W	vn) (County	y) (State)
2	4. FUNERAL DIRECTO Minnich	Funeral Ho	me, Hager		Md. 250. REC'E		GISTRAR'S SIGNATU	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 hauss after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH 17743 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17888 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death Month 22 (Type or print) physician and campletely filled in by the funeral Marshall 12 1:11R 3. 5EX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lost birthdoy) White 12-22-67 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED thin 72 h Maryland WIDOWED DIVORCED | Washington County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street qddress)
Washington County Hospital **INDUSTRY** the attending physician and camprerery out occupied. ±×× Hagerstown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN and in any event, 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmissian) STATE Mc 13b. COUNTY NO [ Hagerstown 200 Hager Wash. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Lost Robert Marshall Carolyn McAfee Judy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknawn) remayal Medical Record APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Primary respiratory failure 1 hour crematian. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) (b) Immaturity burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOP5Y? CAUSES OF DEATH? YES 🗍 NO X O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town Stote County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an saw the deceased alive and saw the deceased alive and saw the deceased alive and saw the cause nated abave, (I) (we) (did) aid not) view the bady after death. O HOSPITAL OR ATTEND Page 4 may be retained should 22b. SIGNATUR 22c. DATE SIGNED MED. DIRECTOR DEGREE PHY5. PHYS PHYSICIAN'S 22e. ADDRESS NAME (Type) 318 N. Potomac St., Hagerstown, Md. Jennings director, shauld 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARYLAND ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Charles

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ACTOR AND MENTAL TOTAL

Items 18-21 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH 1-15-68 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 17747 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 2, onu ... PM3. Page o. COUNTY b. COUNTY Washington Marvland Baltimore MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) permit. File pages 1 and 2 with the State Departmen puo Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? sssary, pleose execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, funeral directar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 203 Oak Ave. Washington County General Hospital YES NO X be executed within 24 hours after death. NAME OF 4 DATE Month DECEASED DEC. (Type or print) ARTHUR JAMES MARRINER DEATH 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED plast birthdoy) after death. white June 10,1889 WIDOWED XX DIVORCED 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Princess Anne. Maryland retired conductor 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME event within 72 hours James Thomas Marriner Rebecca Hayman 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Alan A. Marriner 1817 Burnside Ave. no Hagerstown, Md. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET, AND DEATH /PENDING/ Acute subdural hematoma, left IMMEDIATE CAUSE (o) certificate should DUE TO ony e Conditions, if ony, which gove Cerebral congestion and edema rise to immediate couse (o), = DUF TO stoting the underlying couse 0 Cerebral laceration, inferor surface, left SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)

Coronary atherosclerosis, severe, with old occlusion of right be used 19. WAS AUTOPSY PERFORMED? remaval, YES IX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item IB.) 20o. EXTERNAL CAUSE WAS 3 should & PRIMARY TO OF CONTRIBUTING cremotion, or In auto accident on U.S. 40 CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) While of work of wark U.S. 40 moy be retained for your FUNERAL DIRECTOR: Page 6:15 p.m. 12-10 1967 Ridgeville Carroll 21. I certify that I took charge af the remains described above, held on Autapsy [X], Inspection . Inquiry , and in my apinian death resulted from: Natural causes Accident X Suicide F Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 12-14-67 NAME (Type) E. W. DITTO, JR., Address (Street, city, town, or county) 23b. DATE THEREOF 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Woodlawn burial metchell-Wiedefe 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Minutes Judy

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FOR STATE! HEALTH DEPT.

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necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If dry delay is

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS. 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	MEDICAL I	XAMINEK'S	CERTIFICATE OF	DEATH	17748
	PLACE OF DEATH o. COUNTY Washington	MARYLAND	CTATE	there deceosed lived, if institution: yland b. COUNTY	Residence before odmission Frederick
	b. CITY OR TOWN (If outside corporate limits, c. LENGT write RURAL and give nearest town)  He gerstown	H OF STAY IN 16		side corporate limits, write RURAL Sabillas ville	10-2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street  ashington County Hospital		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) Hazel Miller		Lost	4. DATE Month OF DEATH Dec.	4 Doy Year 67
F	emale White WIDOWED X	DIVORCED	B. DATE OF BIRTH 12-27-1900	) los dirthdoy) M yrs.	Onths Doys Hours Min.
dur		e Hosp.	Pennsylv	rania	12. CITIZEN OF WHAT COUNTRYUSA
	J. Albert Coffman			Gladhill	02.3
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SEC 219-3	URITY NO. 17. 16-2707	Joseph W.	Miller Smit	RD1 hsburg. Md.
	rise to immediate cause (a), stating the underlying cause lost.	-dial I -ion- and -j Ather	Autorior usclerosis	Due to.	
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  BE HE OF WAS CAUSE WAS  200. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING OF CAUSE OF DEATH.			DITION GIVEN IN PART 1(0)  10 2 - La G / C  10 4 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 29 While of work at	While foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I taak charge of the remains de death resulted fram: Natural causes . Acc ACTUAL SIGNATURE Cluar W. Ditto111 217W	ident [], Suic	ide , Hamicide CHIEF MEDICAL 1  M.D. ASSISTANT MEDICAL DEPUTY MEDICAL	, Undetermined mann EXAMINER  CAL EXAMINER	
	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N/	ME OF CEMETERY OR Mark Re	CREMATORY	23d. LOCATION (City or Town) Sabillasvi	
24	FUNERAL DIRECTOR Raymond	DDRESS Creag	er 250. REC'D	BY REGISTRAR 25b. REGIST	DAR'S SIGNATURE

"Creager Thurmont.

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MARYLAND STATE DEPARTMENT OF HEALTH 274 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE o. COUNTY Page EVANKLIN Washington MARYLAND delay b. CITY DR TDWN (If outside corporate limits, c. LENGTH DE STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) 2, and PM3. F write RURAL and give nearest town) 9 ambers 6000 d. NAME OF HOSPITAL DR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCI 18. Give Pages 1, 2 alang with farm De HOURS ON A FARM? O Redwood YES NO C ate haurs after death. 3. NAME OF 4. DATE DECEASED the Dec. within MONN DEATH 196 (Type or print) S. SEX 8. DATE DF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Dovs 26 DIVORCED WIDOWED event and 2 Examiner's Office 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? pages 1c in any e LKY. Army Depot PENNA. Truck Driver (1. 5. A 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME This certificate should be executed within File 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 17. fNFORMANT 16. SOCIAL SECURITY NO. 10 Redwood St. permit. he ward "pending" i to the Chief Medical remaval Mrs. Betty 201-16-1057 W.W.II 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 IMMEDIATE CAUSE (o) the ward crematian, Item Iway and Multiple Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 burial, 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? ta shauld be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior 3 shauld PRIMARY A or CONTRIBUTING Priver of truck - Struck by WMRR Train CAUSE OF DEATH. its designated agent, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (County) (Stote) While of work foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Chamborsburg tranklin , 1967 Page / 21. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry and in my apinian the funeral directar. Natural causes . Accident . Suicide . Hamicide . Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be r TO FUNERAL Health or if 12-6-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Typedward W. Ditto111 217W. Washington St. Hare from the many and 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Norland BANDELLAGANZ 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. ELENERAL DIRECTOR Millares VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE 17751 death. funeral 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUWE shington o. COUNTY Washington o. SI Waryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 within 72 hours aft b. CITY OR TOWN (If outside corporate limits, 4 months Williamsport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Garlock Mem. Convalescent Hospital 2 S. Vermont Street YES NO X 4. DATE 3. NAME OF Year DECEASED (Type or print) campletely Joseph Emmanuel Morgan Sr. 19 67 Dec. DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed IF UNDER 1 YEAR B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED thdoy) Hours Nov.7, 1898 Male White WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) and Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, Annie Rohrer Oscar Morgan 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give wor or dotes of service) Mrs. Charles Payne Jr. Williamsport. Md. 220-09-9254 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o) DUE TO burial. Conditions, if ony, which gove rise to immediate couse (o), DUE TO tar use as the l Health prior to b stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? certificate has NO for 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached 2De. PLACE OF INJURY (Home, form, 2Dd. INJURY OCCURRED 2Dc. TIME OF INJURY Month, Dov. Year TO FUNERAL DIRECTOR: After this foctory, street, effice bldg., etc.) Hour o.m. Not While 21. I certify that (1) this bespital) attended the deceased fram\_ be retained 196 7, and that deoth occurred of 6:307M, from couses and on the date stated obove saw the deceosed alive on 220. SIGNATURE 22b. DATE SIGNED director, page, 22CPHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) 23b. DATE THEREOF Buria I (Specify) Williamsport Wash.
y REGISTRAR 2Sb. REGISTRAR'S SIGNAT Greenlawn Cemetery

Williamsport. Nd.

VR A15 (4) 25M 1/67

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		- M. Tragesall		4

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

17752

PLACE OF DEAT     a. COUNTY	Washington	J.H.J.	MARYLAND	a. STATE	(Where deceased lived, if installand b.	COUNTY	pefare odmissian)
write RURAL	(N (If autside carparate limits, and give nearest tawn)  Aagerstown		LENGTH OF STAY IN 16	c. CITY DR TOWN (If	autside carparate limits, write Gerstown		
	SPITAL OR INSTITUTION (If nat			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
W	lashington Cou	nty Hos	pital	20	1 E. Franklin	St.	YES NO Z
3. NAME OF DECEASED (Type or print)	Clayte	on	Middle	Morrison	4. DATE OF DEATH Decem		Day Year 15 1967
s. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED &	8. DATE OF BIRTH Dec. 7, 1912	9. AGE (In yea last birthda		
during most of work	TION (Give kind af wark dane king life, even if retired) Lper	10b. KIND INDU	OF BUSINESS OR SIRY Ul Industr	11. BIRTHPLACE (Count	y & State, ar foreign country) isle, Penna.	12. CITIZEN COUNT USA	N OF WHAT RY?
13. FATHER'S NAM				14. MOTHER'S MAIDEN		01	
15. WAS DECEASED (Yes, na, grunknow	EVER IN U.S. ARMED FORCES? vn) (If yes give war ar dates of s	14 500		7. INFORMANT	innie Floreno 428 Jefferso		
rise to immed stoting the un last.	ony, which gove diote couse (a).  nderlying cause (c)  R SIGNIFICANT CONDITIONS COM	)	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(c	o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUT	WAS UNDERLYING  ING CAUSE OF DEATH (IFY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II of item 18	.)	
	INJURY Manth, Day, Year a.m. p.m. 19	20d. INJU While at wark	RY DCCURRED 20e.  Nat While at wark	PLACE DF INJURY (Hame, far factory, street, affice bldg., et		n) (County	(State)
saw the	ertify that (I) (this haspi deceased alive an	tal) attended			1967 ta 12/1 t 5/4M, fram caus	ses and on the	, that (I) (we) las date stated abave
220 SIGNATU	2 8 Jennis	70		M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE S	IGNED 7
22c. PHYSICIA NAME (T	ype) Ceor		ennings	22d. ADDRESS	gerstown	Md.	
23a. BURIAL, CREM REMOVAL (Spe	ral / 12/1	7/67	23c. NAME OF CEMETERY  Rest Hav	or Crematory en Cemetery		own-Washi	
24. FUNERAL DIRE	W Le Ce	apel	dagerstown.	Md DATE D	Those is a south	REGISTRAR'S SIGN	y junge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. to Hospital or attending physician: The law requires that the death certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospital or ottending physicion.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

A15

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17753

1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. STATE Maryland b. COUNTY Washington				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Hagerstown  c. LENCTH OF STAY IN 1b  2 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rural Williamsport RFD #2				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE				
Washington County Hospital	Williamsport RFD #2				
3. NAME OF First Middle DECEASED (Type or print) DANIEL ELSWORTH	MOWEN  4. DATE Month Day Year OF DEATH Dec. 13 19 67				
	DATE OF BIOTH 10 ACE (In years   IF HINDED 1 VEAD   FINDED 24 HE				
	pril 16 1887   So yrs.   Magoths Days Hours Mir				
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  Ret d Farmer Farm	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?  Wilson Dist. Maryland U.S.A				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Martin O. Mowen	Alice Carbaugh				
(Vac no or unknum) ((If yet hive way or dates of carrier)	INFORMANT  . Joseph Thomas Jr. Boonsboro Md.				
	i INTERVAL BETWEEN				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH				
IMMEDIATE CAUSE (a)	1200				
Conditions, If any, which \ DUE TO he pehrose	lerosis (y),				
gave rise to Immediate	0				
cause (a), stating the DUE TO underlying cause last.					
	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)   19. WAS AUTOPS				
arteno I clerotic hea	rt disease PERFORMED?				
GR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part   or Part    of item 18.)				
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE 10 PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bidg., etc.)				
21. I certify that (I) (this hospital) attended the deceased from //					
	death occurred at 6/0 M, from the causes and on the date stated above				
22a. SICNATURE Depth 6 Grung in A.M.D.	ATTENDINC MED. STAFF PHYS. 22b. DATE SICNED				
PHYSIGIAN'S NAME (Type) J.C.CRISY	22d. ADDRESS John Ind.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Dec. 17-67 Greenlawn Co					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR   25b. RECISTRAR'S SICNATURE				
Mr. A.bert. L. Leaf Williamsport Md.	DATEDEC 18 1968 Schooles Judge				

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ON A FARM? NO X

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

(County)

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12-29-67

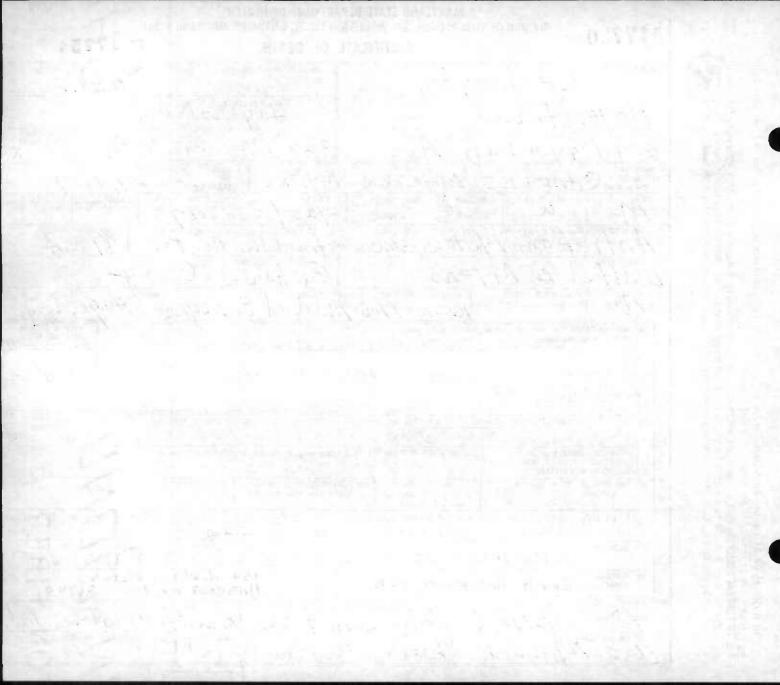
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NO

(Stote)

Doys

12. CITIZEN OF WHAT



PLACE OF DEATH o. COUNTY

3. NAME OF

S. SEX

DECEASED

(Type or print)

COOK

13. FATHER'S NAME

NO

WASHINGTON

KITTIE

6. COLOR OR RACE

WHITE

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

MAIN

WEAVER

18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED

21. I certify that (1) (this haspital), attended the deceased from

DATE THEREOF

12/4/67

(b)

IMMEDIATE CAUSE (o)

First

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

HANCOCK

189

10o. USUAL OCCUPATION (Give kind of work done

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give wor or dotes of service

during most of working life, even if retired)

Conditions, if ony, which gove

rise to immediate couse (o),

stoting the underlying couse

20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

SIGNATURE

22c. PHYSICIAN'S

REMOVAL (Specify)

BUR AL

NAME (Type) 23o. BURIAL, CREMATION.

(IF EITHER, NOTIFY MEDICAL EXAMINER

20c. TIME OF INJURY Month, Doy, Year Hour o.m.

saw the deceased alive an

CHARLES B.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRE

c. LENGTH OF STAY IN 1b

Middle

**NEVER MARRIED** 

DIVORCED

CAFFAT

LIFE

WILHAMENIA

10b. KIND OF BUSINESS OR

16. SOCIAL SECURITY NO

20b. DESCRIBE HOW INJURY OCCURR

Not While ot work

20e.

23c. NAME OF CEMETERY OR CREMATORY

TONOLOWAY

**ADDRESS** 

22d. ADDRES

BAPTIST

RFD LOCATION

1967

250. REC'D BY REGISTRAR

DADEC 6

(County)

2Sb. REGISTRAR'S SIGNATURE

CO.

(Stote)

PENNA

20d. INJURY OCCURRED

INDUSTRY

SCHOOL

STREET

7. MARRIED

WIDOWED

MARYLAND

CERTIFICA

TE OF DEATH			17	75:	9		
2. USUAL RESIDENCE (\	Where dece			nce befor	e odmissio	n)	
O. STATE MARYLAI	ND	b. COUR	SHIN	IGTO	N		
c. CITY OR TOWN (If ou	itside corpo	orote fimits, write RUF	RAL ond giv	e neores	t town)		
HANCOC	K				211		
d. STREET ADDRESS					e. IS RESID		
189 w.	MAI	N STREET				NO X	
Lost	4. DATI	Mont	th	Doy	Yeo	r	
MYERS	OF DEAT	DECEMBER			1 1967		
8. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER 24 HE		
2/17/1897		70 ost birthdoy)	Months	Doys	Hours	Min.	
11. BIRTHPLACE (County	& Stote, or	<u> </u>		TIZEN O			
R FULTON C	O . M	DENNA.		OUNTRY?			
14 MOTHER'S MAIDEN		PENNA	100	3 . 7			
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			SS AVE				
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OCCURSION OF THE TERMINAL DISEASE COL	NDITION G	IVEN IN PART 1(o)		19.	WAS AUTO PERFORMI	PSY ED?	
D. (Enter noture of injury in	NDITION G Port I or I	IVEN IN PART 1(o) Part 11 of item 18.)		19.	WAS AUTO PERFORMI	EATH OPSY ED?	
O THE TERMINAL DISEASE COID. (Enter noture of injury in octory, street, office bldg., etc.	NDITION G Port I or I	IVEN IN PART 1(o) Part II of item 18.) . (City or town)	(60	19. Y	WAS AUTO PERFORMI	DPSY ED? NO D	
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O HOSPITAL

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

TO FUNERAL DIRECTOR: After VR A15 (4) 25M 1/67 THE RESIDENCE OF THE PROPERTY OF THE PARTY O

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or ottending physicion.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CEKTIF	TCATE	OF DEATH			TILD	40
Place of Death     O. COUNTY     Washington     MARYLAND						2. USUAL RESIDENCE o. STATE	E (Where deceos	ed lived, if instituti b. COUN		
	b. CITY OR TOWN ( Clearspr	If outside corporate limit give nearest tawn)	ts,	c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside corporo		AL ond give neores	+ ( - (
		AL OR INSTITUTION (If n	ot in haspitol, g	ive street oddress)		d. STREET ADDRESS				IS RESIDENCE
	31 Main	Street				31 Main	Street			ON A FARM? YES NO X
	NAME OF		irst	Middle		Lost	4. DATE	Mont	1	Year
	DECEASED (Type or print)	Beri	tie	Virgini	.2.	Newlin	OF DEATH	Dec.	10	19 67
S.	Fema.le	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIES  DIVORCES		March 27		AGE (In yeors lost birthdoy) 78 yrs.	Months Doys 12	Hours Min.
	USUAL OCCUPATION	(Give kind of work done		DUSTRY Home		11. BIRTHPLACE (Cour		eign country)	12. CITIZEN OF COUNTRY?	
13.	FATHER'S NAME	(Unknown)	Bri	11		14. MOTHER'S MAIDE		known		
IS. (Ye	WAS DECEASED EVE s, no or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes		ocial security no. L5-18-2194		FORMANT S. Laura	O. Lown		min Streetspring N	
	18. CAUSE OF DI PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY:	77		4.	: Wa-	1 0	) (	INTE	RVAL BETWEEN SET AND DEATH
	444X	IMMEDIATE CAUSE	(o) <u>CCC</u>	resolle	101	C Ma		15 cas		any
	Conditions, if any	, which gove )	(b) C/	sentia	2	x/11ho	stin	20	9	cons)
	rise to immediat stating the unde last.		(c)			10			1	
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	D DEATH BUT NOT REL	LATED TO TH	E TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(o)	19. YE	WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	nter noture of injury	in Port I or Port	II of item 18.)		
MEDICA	20c. TIME OF INJU Hour o.r p.r	10	20d. IN While at wark	OURY OCCURRED  Not While of work		OF INJURY (Home, for, street, office bldg., e		(City or town)	(County)	(State)
	saw the d	<b>fy</b> that (1) (this has eceased alive on_	spital) attend			death occurred	, 19 <u>66</u> , to at <u>\$ 150 A</u> M	fram/couses	, 19 <u>67</u> , the and an the date	at (I) (we) le stoted obov
	22a. SIGNATURE	D. Ma	nde	ee	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNE	67
	22c. PHYSICIAN'S NAME (Type)		.Mar	12ELL	MD.	301 E	An	TIETA	am 5	7.
230 Bu	BURIAL, CREMATIC REMOVAL (Specify	Dec.	12-67	23c. NAME OF CEMI	ETERY OR CE	REMATGardens emorial	Hage	CATION (City or Toverstown	wash.	Md .
24	. FUNERAL DIRECTO			ADDRESS		2So. RI	EC'D BY REGISTR	Mact 25b. 00	HISTRAR'S SIGNATION	udge.
	Albert I	. Leaf Wi	lliamsp	ort Md.		DATE	EC 13	1001	- 0	/

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CERTIFICATE OF DEATH

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	CERTIFICAL	E OF DEATH	71121
1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, i	Washington
b. CITY OR TOWN (If outside corporate li	mits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give nearest town)
write RURAL and give nearest town) Hagerstown	12 Hours	Boonsboro	21-1
d. NAME OF HOSPITAL OR INSTITUTION (I		d. STREET ADDRESS	e. IS RESIDENCE
Washington County	Hospital	315 N. Main St.	ON A FARM? YES NO
3. NAME OF	First Middle	Lost 4. DATE	Month Doy Year
(Type or print) Naomi	Pauline Nuna	naker DEATH DE	ecember 27. 19 6
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	years IF UNDER 1 YEAR IF UNDER 24 H
Parada Inda	WIDOWED DIVORCED	lost birt	
Female White  Oo. USUAL OCCUPATION (Give kind of work de		July 31, 1889 78 11. BIRTHPLACE (County & Stote, or foreign count	yrs. 26   26   ry)   12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY		COUNTRY?
Housekeeper	Own Home	Keedysville, Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John R. Nunamaker		Susan K. Pry	
IS. WAS DECEASED EVER IN U.S. ARMED FORC (Yes, no, or unknown) ((If yes give wor or dat		. INFORMANT BOOT	sboro, Md.
No.	219-54-0952	Mrs. Kleora Early, 315	
18. CAUSE OF DEATH (Enter only one			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ISE (0) Acute huy	reard of intant	PASET AND DEATH
4201 IMMEDIATE CAI	DUE TO	artroplems	
Conditions, if ony, which gove	Sulvey din 5	antrollers 7	70000
rise to immediate couse (a)	OUE TO		1200
storing the underlying couse			
last.	(c)		
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO [
200. ACCIDENT WAS UNDERLYING   200 CONTRIBUTING CAUSE OF DEATH  (IF FITTER NATIFE MATERIAL SYMMERY)	JOB DESCRIBE HOW INHIBY OCCUPAGE	D. (Enter nature of injury in Part I or Part II of item	
OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of iten	1 10.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Doy, Yeo		LACE OF INJURY (Home, form, 20f. (City or	town) (County) (Stote)
₩ p.m.	19 While Not While of work	octory, street, office bldg., etc.)	
		Oct 1 1959, to Dec	27 1967 that (1) (we)
saw the deceased alive on	Der 27 1967 and th	at death accurred at 55PM, fram o	guses and an the date stated abo
220. SIGNATURE			22b. DATE SIGNED
	copias.	M.D. PHYS. MED. STA	F [ 12 19 (7
22c PHYSICIAN'S		1 224 ADDRESS	
NAME (Type) JOSEP	+ SECONDARI	BOONSR	20 Fed 21713
		1	
23o. BURIAL, CREMATION, 23b. DATE PEMOVAL (Specify)			
	30- 67   Fairview Co	metery Keedys	rille, Md.
24. FUNERAL DIRECTOR			
24. FUNEKAL DIKELIUK	4000000		
	ADDRESS  12 N Main St Boomel		2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4)

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Wells H. Ster, et. 112 M. Main ot. Boomsocro, Ma. .

	1775	۲,		CERTIFICATE	OF	DEATH			17	758	
	COUNTY	Washingt	on	MARYLAND		JAL RESIDENCE (V	Vhere deceosed	d lived, if instituti b. COUN	VTY	before odmiss	ion)
	write RURAL one	f outside corporate limit give neorest town). Hagersto	wn	c. LENGTH OF STAY IN 16			tside corporate		RAL ond give	2	1-1
d.		al or institution (If n			d. STR	eet address 255	W. Fran	klin St.		e. IS RES ON A YES	IDENCE FARM? NO 🔀
DI	AME OF ECEASED ype or print)	Char	irst	Middle Albert	Por	last uton	4. DATE OF DEATH	Decembe	h		ear 67
S. SE		6. COLOR OR RACE White	7. MARRIED WIDOWED			of BIRTH ne 27,19		AGE (In years lost birthdoy)	IF UNDER 1	YEAR IF UNDI Doys Hours	Min.
during	g most of working Labores	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY Lival Rides	3	RTHPLACE (County rederick	Count			ZEN OF WHAT INTRY?	
13. F	FATHER'S NAME	Harry L			14. M	OTHER'S MAIDEN I Susie	-	cus Bar	rett		
1S. V (Yes,	was DECEASED EVE no, ocunknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of corvice)		Su.	sie A.Po	nton 2	55 W. Fre		erstown St.	r,Md.
1 5 1	Conditions, if ony, rise to immediat stating the under last.	which gove e couse (a), elying couse	10 ath (b) 10	O DEATH BUT NOT RELATED TO T		NINAL DISEASE CON	IDITION GIVEN	IN PART I(o)		Year	TOPSY
E (		CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCCURRED. (	Enter no	iture of injury in I	Port I or Port	II of item 1B.)		YES	NO E
121	20c. TIME OF INJE Hour o.r p.r	n. 19	While of work	Not While of work	ory, stree	JURY (Home, farm t, office bldg., etc.)		(City or town)	(Cour	nty)	(State)
-		ty that (1) (this has		ed the deceased fram	death	accurred at	96 (, ta.	fram causes	and an the	Z, that (I) e date state TE SIGNED	d above
	22c. PHYSICIAN'S NAME (Type)	J2.D.	Wilson	M.D.	220	d. ADDRESS 80 North					
	BURIAL, CREMATIC REMOVAL (Specify Surial	12/16		23c. NAME OF CEMETERY OR ( Rest Haven		etery	Hage	ATION (City or Tor	Washi	ngton-l	(Stote)
23o. 24.	NAME (Type)	12/16 R Wee . G.	EREOF	M.D.	SEMATO Ceme	d. ADDRESS 80 North IRY etery 250. REC'E	ern Au	ATION (City or Town-R 2Sb. RE	stown,	Md. County) ngto	n-A

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached far use as the burial-transit permit. Then please remave carban cape should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within the Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) 11 urs Haaerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS pencil in Item 18. Give Pages 1, farm 460 McDowell Ave. 460 McDowell Ave. YES NO X hau ote 24 haurs after death. 3. NAME OF Middle DECEASED Milton Price December (Type or print) S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLDR OR RACE 7. MARRIED NEVER MARRIED White Oct. 27. 1897 Male WIDDWED DIVDRCED 100 USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life even if retired) Electrical Parts Luray, Virginia COUNTRY 13. FATHER'S NAME This certificate should be executed within Ξ James Price Jenkins and Address Hagers town Md-IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service remayal. Mrs. Lillian Price 460 McDowell Ave. 214-09-4996 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY J.D IMMEDIATE CAUSE (o) crematian, DUF TO Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MILES WAS AUTOPSY PERFORMED? abdomina aceta, clei- as agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY C or CONTRIBUTING C CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) its designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion the funeral director. deoth resulted from: Notural couses 4. Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health ar Edward W. Ditto. III. M.D. Address (Street, city, town, or county hagerstown. Marvland BURIAL, CREMATION 50 Rest Haven Cemetery Hagerstown-Washington-Md.
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Milionelan Jugge VR A15ME Rest Haven Funeral Chapel Hagerstown Md.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17760

		D. COUNTY	Washingto	n	MARYL	AND	2. USUAL RESIDENCE (V o. STATE Mar;	Where deceose yland			e before odmissi hingto	
	Ł	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) Hagerstown					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  2/-/					/
00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)				d. STREET ADDRESS 17 Public Square  e. IS ON YES					DENCE ARM? NO		
	- [	NAME OF DECEASED (Type or print)	Wilda		Middle Puffenber	ger	Lost	4. DATE OF DEATH	Decem	ber	18 19	67
		emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		3.3.1916	9.	AGE (In yeors lest-birthdoy) yrs.	Months 1	Doys Hours	Min.
	10o.	USUAL OCCUPATION OF SEW 1	N (Give kind of work done life even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County GREAT CAP				ZEN OF WHAT	
		FATHER'S NAME JOHN	w Mc GOW				14. MOTHER'S MAIDEN N		RSOLE			
	IS. (Ye	WAS DECEASED EV s, no, or unknown) NO	ER IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service) 16.	SOCIAL SECURITY NO.		NFORMANT TH PUFFEN	BARE		ess MAU (		LE
			te couse (o),	(o) (b) \( \)	mals	lictio hronic	est al	o Live Cohol	Tail.	INTERVAL BE ONSET AND I		
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO										
	L CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	ESCRIBE HOW INJURY OCC	CURRED. (	Enter noture of injury in	Port I or Port	II of item 1B.)			
	MEDICAL	Hour 'a	.m. 19	While at war	Not While ot work	focto	E OF INJURY (Hame, farm ory, street, affice bldg., etc.)		(City or town)	(Cou	nty)	(Stote)
		21. I certify that (I) (this haspital) attended the deceased fram 9-21, 167, to 12-15, 1967, that (I) (we) last saw the deceased alive an Dec. 15, 1967, and that death accurred atM, fram causes and an the date stated above.										
		22a. SIGNATURE	Charles	Rol	Wierer	/ M.D	11110	MED. DIRECTOR	STAFF PHYS.	122b. DA	20-6	7
1		22c. PHYSICIAN' NAME (Type		les	R. We	rer	Box 173					
	230	REMOVAL (Specif			GREAT C	APON	4	GRE		N MOF	RGAN W	State)  VA
	14	FUNERAL DIRECT	OR & Suo	ne A	ADDRESS tancoc	2 m	0 00	EC 26	AR 25b. R	EGISTRAR'S SI		ie_

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers—Pages shauld be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 hours att TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Moors. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funding director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 should be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFIC	ATE O	F DEATH		144	64
1. PLACE OF DEATH 0. COUNTY Washington			MARYLAN		USUAL RESIDENCE (W o. SJATE Maryland	/here deceased lived, if instit b. (0 <b>Was</b>		
b. CITY OR TOWN (If outsid write RURAL and give no Hagerstown	e corporote limits, earest town)		TH OF STAY IN 18	b c.	Fubkstown	tside corporote limits, write R	URAL ond give n	eorest town)
d. NAME OF HOSPITAL OR II	ISTITUTION (If not in h			d.	STREET ADDRESS	4		e. IS RESIDENCE
Avalon Mano					218 East	ON A FARM? YES NO X		
3. NAME OF DECEASED (Type or print)	First Fred	David	Middle Re	enner	Lost	4. DATE MO OF DEATH Decemb	er 11.	Doy Year 19 <b>67</b>
S. SEX 6. COL	OR OR RACE 7. A	ARRIED NE	VER MARRIED	8. DA	TE OF BIRTH	9. AGE (In years	IF UNDER 1 Y	
	1111 06	IDOWED 🗌	DIVORCED		ril 30, 18		7	Doys Hours Min.
10o. USUAL OCCUPATION (Give k during most of working life, ever Plant Manage	if retired)	10b. KIND OF BU INDUSTRY Dairy	SINESS OR	"		Stote, or foreign country)	COUN	EN OF WHAT
13. FATHER'S NAME				14.	MOTHER'S MAIDEN N	IAME		D. A.
Richard L.	Renner				Duma E. Li	ine		
1S. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (If yes g	ARMED FORCES? ve wor or dotes of serv			17. INFO	RMANT	Add	re Funkst	own, Md.
No.		213-01		Mrs.	Maude E. I	Renner, 218 F	. Balti	
18. CAUSE OF DEATH (Er PART I. DEATH WAS	iter only one couse pe CAUSED BY: MMEDIATE CAUSE (o)	r line ton (o), (b) o	ond (c)	nov	DIE	1 0		ONSET AND DEATH
Conditions, if ony, which		f918	E Mr	140.	way &	48 and 881	44	ream
rise to immediate couse stating the underlying colors.					1			
PART II. OHER SIGNIFICAN	IT CONDITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATED	D TO THE T	ERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	20b. DESCRIBE HO	W INJURY OCCUP	RRED. (Enter	noture of injury in F	Port I or Port II of item 18.)		
20c. TIME OF INJURY Moi Hour o.m. p.m.	nth, Doy, Yeor 19		URRED 200 While work		INJURY (Home, form, treet, office bldg., etc.)	, 20f. (City or town)	(Count	y) (Stote)
21. I certify that	'''	m// 1/1			th occurred at	3:15 AM, fram causes	196 and an the	that (I) (we) las
220. SIGNATURE	w defa	M	,		ATTENDING N	MED. STAFF DIRECTOR PHYS.	22b. DATE	
22c. PHYSICIAN'S NAME (Type)	2.117	rd134.	hor		32d ADDRESS U.	Potarise,	Logent	101 Md.
230. BURIAL, CREMATION, BREMOVAL (Specify)	23b. DATE THEREOF 12- 13- 6	. / 1	AME OF CEMETER			Boonsboro,	/	ounty) / (Stote)
24. FUNERAL DIRECTOR			ADDRESS				REGISTRAR'S SIGI	
John H. Bast.	Jr. 112 N	Main Si	. Boons	boro	0.00		Clark	

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Punkstovn. 9. 218 t. Beltimore St	Are Met e n. hemer.		ranna .i binibia

Beer policy Mary Lond

12- 7 - 7 Boodsbord Centrally

With F. Bast, vz. 178 N. Main St. Boonsborg, Hr. a. Jess . 1866

-	7758			CEF	RTIFICATE	OF DEATH			1	77	62	
	PLACE OF DEATH D. COUNTY Washi	ngton			MARYLAND	2. USUAL RESIDENCE (1		ed lived, if institu b. COU		ice before	e odmissi	on)/
Ł	. CITY OR TOWN	If outside corporate lind d give nearest tawn)	nits,	c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If or			JRAL ond give	e neares	t town)	
	Willia	msport		7 Y	rs	Philade	lphia	L		4	75.	3
C		AL OR INSTITUTION (IF	nat in haspital,	give street addre	ss)	d. STREET ADDRESS				-	ON A F	DENCE ARM?
I	omewood	Church	Home			1429 No	. 15t	th St			YES 🗌	NO 5
3. 1	NAME OF DECEASED		First	Midd	le	Lost	4. DATE OF	Moi	rth:	Doy	Ye	ar
(	Type or print)	ALICE		RTER	RILE		DEATH	Dec 16			19	
S. S		6. COLOR OR RACE	7. MARRIED			B. DATE OF BIRTH		AGE (In years lost birthdoy)	Months Months	Doys	Hours	R 24 HRS
_	eMale	White	WIDOWED	ALBANIA .	ORCED	Nov 18 18		74 yrs.				
duri	ng most of working	N (Give kind of work do life_even if retired)		KIND OF BUSINESS INDUSTRY	OR	11. BIRTHPLACE (County			d. 12. (1	TIZEN OF JUNIRY? JSA	WHAT	
	l'rainec	Nurse	Re	etired		Hagersto	NAME	lash Co		AGI		
	James	P. Hart	er				се Не	vser				
15.		R IN U.S. ARMED FORCE (If yes give wor or dote		. SOCIAL SECURITY	NO. 17.	INFORMANT	00	Add	ress			
	No or unknown)	(If yes give wor or dote	s of service)	-09-10	51 Ret	Mark Wag	ner H	omewoo	d win	1119	man	OT
	Conditions, if ony rise to immedio stoting the under last.	te couse (o), erlying couse	UE TO (b) UE TO (c)	yperk	ensi	Throme	Dis.	,		3e	da	ys ys
AHON	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)			WAS AUTO PERFORM ES	
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. [	DESCRIBE HOW INJ	URY OCCURRED.	(Enter noture of injury in	Part I or Part	t II of item 1B.)		4		
MEDICAL	20c. TIME OF INJ Hour o. p.		Whi	INJURY OCCURRED le Not While ork of work		CE OF INJURY (Home, farn tory, street, office bldg., etc.		(City or town)	(Co	unty)		(Stote)
	sow the d	fy that (I) (this heceosed olive on	ospital) atte	nded the dece	osed from_ , and tho	t deoth occurred of	965, to	$\frac{1}{2}$ from couses	and on t	he dot	e stated	we) la
	220. SIGNATURE	shert.	P. L	Onsa	d M.		MED. DIRECTOR	STAFF PHYS.	1.1.	ATE SIGN	18-1	62
	22c. PHYSICIAN'S NAME (Type		+ P.	207770	24, ME	22d. ADDRESS		-stow?	5hin		77	
	BURIAL, CREMATI REMOVAL (Specify	ion 12/	18/67	Green	F CEMETERY OR mount	Crematory	Balt	CATION (City or T	City	(County	1	Stote)
24.	FUNERAL DIRECTO		town	Md ADDRE	SS	2So. REC'	D BY REGISTR	AR 2Sb. F	EGISTRAR'S S			
	Andre	w K. Cof	I man	Tuneral	Home	Ing DATE	DEC 2	0 1967	gale	ale	· Vari	200

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funer director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 on Page 4 may be retained by the hospital or attending physicion. VR A15 ( 25M 1/6

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### CERTIFICATE OF DEATH

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	PLACE OF DEATH  5. COUNTY			re deceosed lived, if institution: Resider	nce before odmission)
	ashington	MARYLAND	o. STATE Maryland	Washington	
-	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	le corporote limits, write RURAL and giv	ve neorest town)
	write RURAL and give nearest town)	15 Yrs	1	sport Tammany	
	williamsport  s. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g		d. STREET ADDRESS	boot o rammany	e. IS RESIDENCE ON A FARM?
4	Ol Reynolds Ave West	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101 Revno	lds Road West	ON A FARM?
	NAME OF First	Middle		DATE Month	Doy Year
	DECEASED	ROSH ROBI		OF DEATH Dec 15 1967	19
S. :			8. DATE OF BIRTH	9. AGE (In years   IF UNDER	1 YEAR   IF UNDER 24 HRS.
	Male White WIDOWED	DIVORCED	Aug 22 190	lost birthdoy) Months 9 58 yrs.	Doys Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done 10b. KII	ND OF BUSINESS OR	11. BIRTHPLACE (County & St	tote, or foreign country) 12. CI	TIZEN OF WHAT
duri	ng most of working life, even if retired)  No. M.d. R. R. R. Reco	rd Office	Clear Spri	ng Wash Co US	DUNTRY?
13.	FATHER'S NAME	THE OTTICE	14. MOTHER'S MAIDEN NAM		
	Harry E. Robison		Laura V	. Grosh	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
(16	s, no, or unknown) (If yes give wor or dates of service)	- 10-750 8MT8	Miriam R.	Robison Tamma	ny Manor
	18. CAUSE OF DEATH (Enter only one couse per line for		Ol Reynold		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	aestive f	Biluve	s ra. west	CHISET AND DEATH
	422 DUE TO 01		,	. 1	
	Conditions, if ony, which gove ) (b)	renderlough	Lie casuals	ovasalardis	10005
	rise to immediate couse (o),	Se School	1000010	Was come Carrie	10/1
	stoting the underlying couse lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT PELATED TO 1	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION	TAKE III. CHIER SIGNIFICATE CONDITIONS CONTRIBUTION	Wa	THE TERMINAL DISEASE CONDI	TON OTTEN IN TAKE I(a)	PERFORMED? YES NO
FIG	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DE:	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. IN	JURY OCCURRED   20e. PLA	CE OF INJURY (Home, form,	20f. (City or town) (Co	ounty) (State)
MED	Hour o.m. While of work		ory, street, office bldg., etc.)		
	21. I certify that (D)(this hospital) attend	led the deceased fram		O to 12014 19	6/, that (I) (we) last
	saw the deceased alive an The 7	19 <u>67</u> , and that	t death accurred at//	M, fram causes and an t	he date stated abave.
	220. SIGNATURE 11/10 11 1		ATTENDING MEI		PATE SIGNED
	/ ////// harlast	M.E	D. PHYS. DIR	RECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type) WF/B	4	22d. ADDRESS	11/	1
	Mr. Dary	16	Williams	port ma	
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
	Burial 12/16/67	Rose Hill C	emeterv	Hagerstown Was	sh Co Md
24	FUNERAL DIRECTOR Hagerstown Mo	d. ADDRESSI	256. REC'D BY	Hagerstown Was REGISTRAR 25b. REGISTRARS 3 2 1 1967	GNATURE
	ndrew K. Coffman Fin	namal Hama T	DATEUE	WI WOOD	1

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages. Agges 1 and Ahauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hayrs after deatheath.

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CERTIFICATE OF DEATH

			CERTIFICA	L OI DEATH			1 17 17 1	64	
1. PLACE OF DEAT	Н			2. USUAL RESIDENCE (	Where deceoses			fore odmissi	on)
a. COUNTY	Washington		MARYLAND	o. STATE	land	b. COUI	Weshi	ngton	
	N (If outside corporate limits		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or		limits write PIII		0	
write RURAL	and give nearest tawn)	"	2 Month	Sharpsb		, minis, wine ko	the and give nee	21.	-1
	rstown SPITAL OR INSTITUTION (If no	at in hospital a		d. STREET ADDRESS	urg			e. IS RESI	DENCE
Avalon				105 W. Ma	1 m C+			ON A F	ARM?
		ing Hor						YES	
3. NAME OF DECEASED	No man a		Middle	Roulette	4. DATE OF	Mon		oy Ye	67
(Type or print)	Margar		Anne		DEATH			19	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In yeors	Months Day		R 24 HRS. Min.
Female	White	WIDOWED	DIVORCED	Aug. 3 1883		y15.	(0.00)		
100. USUAL OCCUPA	FION (Give kind of work done	10b. KI	ND OF BUSINESS OR DUSTRY Home	11. BIRTHPLACE (County		ign country)	12. CITIZEN COUNTR	14.6	
	ing life, even if retired)		Home	Sharpsbu				T.S	.A
13. FATHER'S NAM		9 44		14. MOTHER'S MAIDEN		habe ok			
		loulett	8		Anna Ro	ohrback			
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	f M		. INFORMANT	F. Call	122 WAddre	urg Md.	9+	
No	(if yes give wor or doles o	2.	15 36 7260	Mr. John Rou	lette	Sharpsb	urg Md.	00.	
	F DEATH (Enter only one cou	se per line for		•				INTERVAL BET	
PART I.	DEATH WAS CAUSED BY:	(a) M/1	TRAL INS	UFFCIENC	4 0 5	TENOS	515 0	ONSET AND E	
410	X DUE				1				7
Conditions, if	and the second		EUMATIC	HEART D	ISEH	SE			
	diote couse (o), (		DOI FIN V. O	N IO ATO.	32.7				
last.	nderlying couse	(c)					100		
PART II OTHE									OPSY
NO OF	TERIOSC							PERFORM YES	MED?
S 17 C	WAS LINDERLYING		SCRIBE HOW INJURY OCCURRE		Part or Part			113	NO Lat
OR CONTRIBUT	ING CAUSE OF DEATH	200. DE	SCRIBE HOM INJURE OCCURRE	o. (ciner notore or injury in	ruii i ui ruff	n or nem 10.)			
(IF EITHER, NOT	IFY MEDICAL EXAMINER)	20,4 14	HIDY OCCUPATO 1 20- 1	DI ACE OF INHIDY /Harry from	n. 20f.	(fits or town)	(County)		(State)
	INJURY Month, Day, Year o.m.	While		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		(City or town)	(coonly)	9080	(Sidle)
	p.m. 19	ot work		1 Notes	10//	19 17	15/5	.1 . 41	
			ded the deceased from	6 /28/06	19.66 to	12/4		thot (I) (	
	deceased olive an	10/26		hat death occurred at	10.7. M,	from couses	-		a abave
220. SIGNATU	KE COLL		4	ATTENDING	MED.	STAFF	22b. DATE SI		7
20- 01040101	N'S COUNTY	ung	W.	M.D. PHYS.	DIRECTOR L	PHYS	14	6/67	/
22c. PHYSICIA NAME (T			lo M.D	ZZG. ADDKESS	hasn	stury	- 1110		
	ILI CIPV			1 10					
23o. BURIAL, CREM REMOVAL (Spe			23c. NAME OF CEMETERY (			ATION (City of To		''	Stote)
Baria 1 24. FUNERAL DIRE		1707	Mt. View C				Washin	_	Md.
			ADDRESS		D BY REGISTRA	1	GISTRAR'S SIGNA		1 5 3
Alber	t T. Tasf W	71 ] iam	sport. Marylar	DATE -	- 4 4 4	007 07	Janto.	100 522	_

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

funeral 1 and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, crematian, ar removal, and in any event, within 71 hours after degits. VR A15 (4)

11355 to be a but we THE PERSON (Standard Lagrange) Tog R. beam St., re-And and the some source to fore dermitak AT A PERSON OF A SUPERIOR . S - maileografia ( ) I alleg John D. Roulette Aller true Park, C. save inon and the case of the contraction MITTORE INSUFFERENCY & SEELESIS OVER 10415 KAEULHATIC HEART DISERIE THE LEGIOSE PERCENT SENTINE LA LEDEBITALE (3) h/ 21 hg 34/24/9 (3) 12/21 Margetury and (e) washing R. Garageillo M. D. BI not allered being accura-Do. 7 1877 It. Viel Destaty Colonia in the still and the state of the st

	CERTIFICATE	OF DEATH		17765	
1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (V O. STATE Marylan	Where deceased lived, if institution b. COUNT'	Υ	ion)
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		tside carparate limits, write RURA		
a   milliamsport	2 Yrs	Clea	r Springs	2/	1
d. NAME OF HOSPITAL OR INSTITUTION (If not in If  Williamsort San  3. NAME OF First DECEASED (Type or print) STEPHEN  5. SEX 6. COLOR OR RACE 7. A  Male White White W  10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer  13. FATHER'S NAME  No Record  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) (If yes give wor or dates of serv	, , ,	d. STREET ADDRESS		e. IS RESI ON A F	DÉNCE FARM?
Williamsport San		R #2		YES	NO D
3. NAME OF First	Middle	Last	4. DATE Manth		108
(Type or print) STEPHEN  S. SEX 6. COLOR OR RACE 7. A	C SAND	8. DATE OF BIRTH	DEATH Dece	mber 25 19 IF UNDER 1 YEAR   IF UNDER	67
	VIDOWED DIVORCED		last birthday)	Months Days Hours	Min
Male white W	10b. KIND OF BUSINESS OR		State or foreign country)	12. CITIZEN OF WHAT	1
during mast af warking life, even if retired) Laborer	Retired	Greenshi	State, or foreign country) noreland Co rg Penna	COUNTRY?	
13. FATHER'S NAME	11001160	14. MOTHER'S MAIDEN N	IAME		
No Record		No Recor	rd		
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af serv		INFORMANT	Address		
Yes W. W. #7	201-865-5785 Mr	Ray Table	er 1240 Glen	wood Ave	
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause	Pneumonitis Arteriosclerotic V Hemiplegia		erstown Md.	interval bet onset and to days  5 year:	DEATH
PART II OTHER SIGNIFICANT CONDITIONS CONTRI		THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUT	OPSY
2 101A			541111111111111111111111111111111111111	PERFORM YES T	NO [
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Haur a.m. 19	While at wark at wark	CE OF INJURY (Hame, farm tary, street, affice bldg., etc.)			(State)
21   certify that (1) (this haspital	1) attended the deceased fram D	ec. 28,	965 to Dec. 25,		we)
saw the deceased alive an Des	25. 19 67, and tho	t deoth occurred at	ivi, iruili cuuses ur	in oil the date states	
21. I certify that (I) (this haspital saw the deceased alive an Dec	25, 19 67, and the	D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED	
22a. SIGNATURE J. Flesh is  22c. PHYSICIAN'S NAME (Type)	the fr. M.	D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 12-26-67	
22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  Dr. E. W. D.	the final M. M. Ditto, Jr. 21	D. ATTENDING PHYS. 22d. ADDRESS  W. Washin	MED. STAFF DIRECTOR PHYS. C	22b. DATE SIGNED  12-26-67  rstown, Md.	
22c. PHYSICIAN'S NAME (Type)  23o. BURIAL CREMATION. 23b. DATE THEREOF	Pitto, Jr. 21 F 23c. NAME OF CEMETERY OR	D. ATTENDING PHYS. 22d. ADDRESS  W. Washin  CREMATORY	MED. STAFF DIRECTOR PHYS.    The staff of th	22b. DATE SIGNED  12-25-57  stown, Md.  1) (County) (S	Stote)
22c. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23o. BURIAL, CREMATION, REMOVAL (Specify)  23b. DATE THEREOF	Pitto, Jr. 21 F 23c. NAME OF CEMETERY OR	D. ATTENDING PHYS. 22d. ADDRESS  W. Washing CREMATORY	MED. STAFF DIRECTOR PHYS.    ton St. Hager  23d. LOCATION (City or Town Clifton Pass	22b. DATE SIGNED  12-25-57  stown, Md.  1) (County) (S	Stote)

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	4	6	0	50

### CERTIFICATE OF DEATH

17766

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	(	a COUNTY Washington MARYLAND	a. STATE Pa b. COUNTY Franklin
		p. CITY OR TOWN (If autside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
3		write RURAL and give nearest tawn)	
M		W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d. STREET ADDRESS  e. IS RESIDENCE
		I. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street/address)	ON A FARM?
6	1	tomewood Church Home	135 N Grant YES NO P
	-	NAME OF First Middle DECEASED DECEASED	Last 4. DATE Manth Day Year OF Death Dec 45 1947
	S. 5	Type or print)  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	3. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	3	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	April 5, 1883 last birthday) Resident Days Haurs Min.
		USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT
	duri	ng most of working life, even if retired)  NDUSTRY  HELSE WIFE	Rouzerville COUNTRY? A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Theodore Whitmore	Catherine Kriner
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address Para 2/72
	(Te	s, na, ar unknawn) (If yes give war ar dates af service)	carkelloguer williamsport, met "5-
		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSELAND DEATH
		IMMEDIATE CAUSE (a)	Hemorlage Mores
		743X DUE TO	001101
		Canditians, if any, which gave is to immediate cause (a),	ewe C/ Wes 0415
		stating the underlying cause DUE TO	
		lost. (c)	
	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
3	CERTIFICATION		PERFORMED?
	IFIC	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 1B.)
	CERT	OR CONTRIBUTING 🗆 CAUSE OF DEATH	
	1	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State)
	MEDICAL	Haur a.m. While Not While factor	ory, street, office bldg., etc.)
		p.m. 19 at wark at wark	100 15 100 5 h D a 1 100 17 11 11 11 11 11
			the 15 , 19 65, to Nice ( , 1967, that (1) (we) last death accurred at 150 A.M., from causes and an the date stated above.
		22a. SIGNATURE	22b. DATE SIGNED
		Cohert Comas M.	ATTENDING MED. STAFF
		22c. PHYSICIAN'S SO	22d. ADDRESS, 137 W. Washington
		NAME (Type) TOBETT COTTAG	Hagerstown, 777d.
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY . 23d. LOCATION (City or Town) (County) (State)
		REMOVAL (Specify) 12/8/67 Green +	1111 Waynesborg, Franklin Pa
	24	. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	)	1/20th 21 fly 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE DEC 7 1967 (Clientes Judge

after deoth. 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. A should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in ony event, within 72 hour Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

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### CERTIFICATE OF DEATH

17767

-	DIACE OF DEATH			CERTIFICATI	OI DEATH	040 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ala ales De III-	1.6	
	PLACE OF DEATH o. COUNTY	Washingto	n	MARYLAND	a. STATE Md		county Wa	sh.	ion}
	b. CITY OR TOWN (I Hagerst	If autside carparate limits I give nearest tawn) OWN		LENGTH OF STAY IN 1b	Hagerst	outside carparate limits, write	RURAL and give	e nearest tawn)	-1
		at or institution (if no ton Count			d. STREET ADDRESS 59 Broa	dway		e. IS RES ON A YES	FARM?
	NAME OF DECEASED (Type or print)	Anne	t	Middle Piper	Shoop	20	Manth cember		ear 67
S. :	female	6. COLOR OR RACE  white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 2-6-97	9. AGE (In year last birthday	rs IF UNDER y) Months	Days Haurs	
	. USUAL OCCUPATION ing most of working no stes	(Give kind of work done life, even if retired) S	10b. KIND INDUS hote	OF BUSINESS OR TRY		y & State, ar fareign country) ourg, Md.		TIZEN OF WHAT DUNTRY?	
13.	FATHER'S NAME	John Irw	in		14. MOTHER'S MAIDEN	NAME Laughty	Piper		
		R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f commiss )		INFORMANT John Holly	day, Hager	stown,	Md.	
		e cause (a),	Subar TO (b) Rupt	achnoid he		intracere		6 days	5
CERTIFICATION						ONDITION GIVEN IN PART 1(c		19. WAS AU PERFORI YES	TOPS MED? NO
		S UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCURRED	. (Enter nature at injury ir	Part I ar Part II af item 18	.)		
MEDICAL	Hour o.r p.r	n. 19	While at work	Not While of for	ACE OF INJURY (Hame, far tary, street, affice bldg., etc	c.)		ounty)	(Sta
	21. I certif	fy that (1) (this hos eceased alive on	Dec. 2	the deceased fram_ 19_ <b>67</b> , and the	at death occurred a	19 67 ta Dec.		O7, that <del>(1)</del> he date state	
	22a. SIGNATURE	18Beh	neil	M	D. PHYS.	MED. STAFF PHYS.	D 12/	ATE SIGNED 14/67	
		B. B. Kne			I	148 West Wa Hagerstown,	Mary]	land	
230	BURIAL, CREMATIC			Mt. View	Cemetery	23d. LOCATION (City of Sharpsh	urg, l	ld.	(Stat
24	FUNERAL DIRECTO	Funeral		ADDRESS	250 REC	D BY REGISTRAR 2St	REGISTRAR'S S	SIGNATURE	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### CERTIFICATE OF DEATH

17768

		PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (	Where deceosed liv	ed, if institution	n: Residence	e before odmiss	ion)	
			ngton		MARYLA	AND	o. STATE Md.		b. COUNT	Vashi	ngton		
		b. CITY OR TOWN (	f outside corporate limit	s,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If ou	tside carporote lim	its, write RURA	L ond give	neorest town)		
1		Hagers	give neorest town)		100		Hage:	rstown			21	1	
		d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol, g	give street oddress)		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
	V	ashingt	on Count	y Host	oital		443	N. Jonath	nan Str	reet		NO 🗌	
79		NAME OF		irst	Middle		Lost	4. DATE	Month		Doy Ye	ear	
/ '	- 1	DECEASED (Type or print)	Baby		Воу	S	mith	OF DEATH	Dec	25		57	
	S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	los		IF UNDER 1	YEAR IF UNDE Doys Hours	R 24 HRS.	
	-	[ale	Negro	WIDOWED	DIVORCED			367	yrs.		6	Will.	
	10o	. USUAL OCCUPATION ing most of working	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County				ZEN OF WHAT NTRY?		
			,		5031117		Hagersto		•				
	13.	FATHER'S NAME				- 1	14. MOTHER'S MAIDEN	NAME					
		Willie	Garner			,	Marily	1 Smit		70.5			
	15. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service) 16.	SOCIAL SECURITY NO.		NFORMANT		Address	5.00			
						l N	lariiyn S	mith 4	43 N.	Jons	than		
		18. CAUSE OF DI	ATH (Enter only one cou TH WAS CAUSED BY:	armonist .							ONSET AND		
	7625 IMMEDIATE CAUSE (0) TETAL ATELEGRASIS												
		Conditions if any		0			,			10.31			
	Conditions, if ony, which gove nise to immediate couse (a).  DUE TO												
	stoting the underlying couse (c)												
			CALLET CANDITIONS		TO DEATH BUT NOT RELAT	ED TO T	TE TERMINAL DISEASE ON	IDITION CIVEN IN	DAOT 1/a)	1	19. WAS AUT	OPSV	
-	FION	TAKE II. OTHER SI	ONITICANT CONDITIONS	ONIKIBUTINO	TO DEATH BOT NOT KEEN	10 10 1	TE TERMINAL DISTASE COT	ADITION GIVEN IN	AKI I(U)		PERFORA YES 🗍	NO T	
5	2	20g. ACCIDENT WAS	THE PROPERTY OF THE PARTY OF TH	1 00t Dr	SCRIBE HOW INJURY OCC	Unnth /	Farancia of tata ta	D- 4 1 D- 4 11 -4	20.3		112	NO L	
	L CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			UKKED. (	three notore of injury in	rom i or rom ii oi	nem (o.)				
	MEDICAL	Hour o.r	10	While	Not While		E OF INJURY (Home, form ry, street, office bldg., etc.)		y or town)	(Coun	nty)	(Stote)	
10		21 Leartis	11.	ot work	ded the deceased fr	nm	12/24 1	967, to 1	2/25	196	2, that (1) (	we) last	
		saw the de	eceased alive an	25 Dec.	19 <u>67</u> , an	d that	death accurred at	214 M, fro	m causes ar	nd an the	e date state	d obove.	
		220. SIGNATURE					ATTENDING	HCD	CTAFF	22b. DAT	TE SIGNED		
170			() 20.	-0		M.D	PHYS.	MED. DIRECTOR	STAFF PHYS.	,12-	27-67	)	
1		22c. PHYSICIAN'S NAME (Type)	111	FERE			22d. ADDRESS	)			4.100	) ( )	
1		MAME (Type)	W.M.	1 348	8(		218 N.	Losoure	dt. [	4 your	HOUSE	W13	
)		. BURIAL, CREMATIC REMOVAL (Specify		EREOF	23c. NAME OF CEMETE	RY OR C	REMATORY .		N (City or Town	,	County) (	Stote)	
		urial	112-28-	-1967	Rose Hil	1 0	emetery	Hage	rstown	Md	- Character III		
1	24	. FUNERAL DIRECTO	K	2 4	ADDRESS	Λ	. 1	BY REGISTRAR SEC 29	196 <sup>25b. REGI</sup>	ZIKAK.Z ZIC	NATURE LEVE	0	
	1	forme K	Watson	g. 1	Laguslow		Md DATE	)	11		U	100	
	-	7- 28	5201	3									

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after

The first of the control of the second of th 

16600	CERTIFICATE	OF DEATH		11109
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (V	1 001111	ion: Residence before odmission)  ITY Wash.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Hagerstown	c. LENGTH OF STAY IN 16 52 years	c. CITY OR TOWN (If ou Hagerste	otside corporote limits, write RUR	RAL ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not 720 Virginia Ave		d. STREET ADDRESS 720 Vir	ginia kve.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)  3. NAME OF C1y		Lost Sowers	4. DATE Monti	ember 22,19 67
S. SEX male 6. COLOR OR RACE white	7. MARRIED  NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1-31-74	9. AGE (In yeors lost birthdoy) 93 yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  miller	10b. KIND OF BUSINESS OR INDUSTRY 110 UT 1111		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Peter J. S	owers	14. MOTHER'S MAIDEN I	Mary J. K	nepper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of s	service	INFORMANT Irs. Fanni	e Sowers, Ha	ess gerstown, Md.
18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove is to immediate cause (a), storting the underlying couse lost.  (c)	Cerlerio pelo	rosis, g	Eucraliza	INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CON Malwetretten Fr	<u> </u>	stenese	<u>.</u>	19. WAS AUTOPSY PERFORMED? YES NO Z
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, 0			
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		ACE OF INJURY (Home, forn tory, street, office bldg., etc.	)	(County) (Stote)
21. certify that (I) (this hospi	ital) attended the deceased from19 6 2, and that		1958 to 12/22 1035 AM, fram causes	and on the date stated abav
Google June	R M	D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED / 7
22c. PHYSICIAN'S CORGE	dennings	22d. ADDRESS 3	lagers low	on Hall St
230. BURIAL, CREMATION, 23b. DATE THER PENDVAL (Specify) 12-2	4-67 Spring Hi	11 Cemeter		burg, Pa.
Minnich Funeral H	ome, Hagerstown,	Md . 250. REC'	3 2	Charles July

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the ful director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72-hears after

VR A15 (4) 25M 1/67

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	- 17 17			CERTIFIC	AIL	OF DEATH	Y34.5						
1.	PLACE OF DEATH o. COUNTY	Washin	gton	MARYLAI		2. USUAL RESIDENCE o. STATE Pa	,	eosed lived, if institut b. COUI	ITV	ankl		on)	
F	write RURAL and	f autside carparate limits, I give nearest tawn) STOWN		c. LENGTH OF STAY IN 1 25 Month		c. CITY OR TOWN (If o		orate limits, write RUI	RAL and giv	e neores	75-J	3	
	d. NAME OF HOSPITA	at or institution (if not in ock Convalesc		ive street address)		d. STREET ADDRESS	29 E.	Second S	t.		e. IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print)	First Ru	th	Middle		Lost Sprenkle	4. DAT OF DEA		ec.	Doy 18.			
	sex emale		MARRIED WIDOWED	NEVER MARRIED [ DIVORCED [	3 8	. DATE OF BIRTH 2/23/1889		9. AGE (In years last birthday) 78 yrs.	IF UNDER Months	1 YEAR Days	Hours	Min.	
10 du	o. USUAL OCCUPATION ring most of working House Wif	(Give kind af wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Near Five		_	((	TIZEN OF DUNTRY? U.S.		79.3	
13	Daniel W.					14. MOTHER'S MAIDEN Alice	NAME						
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates of se	rvice	SOCIAL SECURITY NO. 0-12-8662B		Glenn Spr	enkle	Addre 201 011	waxn Waxn	esbo	ro P	a.	
		e cause (a), (DIE TO	/11	(a), (b), and (c).)	rl		des.	descois		ON!	ERVAL BET	EATH .	
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS <u>CONT</u>	RIBUTING T	O DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CO	ONDITION G	GIVEN IN PART 1(o)			WAS AUTO PERFORMI ES	PSY ED? NO	
MEDICAL CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCU	RRED. (	Enter noture of injury in	Port I or	Port II of item 18.)					
MEDICA	20c. TIME OF INJU Haur a.r p.r	10	20d. IN While of wark	- Not While -		E OF INJURY (Hame, far ry, street, office bldg., etc		f. (City or town)	(Ca	(ytnu	(	Stote)	
		fy that (I) (this hospite eceased alive an	al) attend	led the deceased fro	m_ d that	death accurred a	19.64	M, fram causes	and an t				
	22c. PHYSICIAN'S	Soll	2	Her	M.D	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	12,	1/9	7/6-	7	
	NAME (Type)	David R. He	ess,	Sr.		Sha	dy Gi	rove, Penn	sylva	nia			
23	Burial, CREMATIC REMOVAL (Specify	23b. DATE THEREO 12/20/6		23c. NAME OF CEMETER Grindsto		REMATORY	23d.	LOCATION (City or To	wn)	(Caunty		tote)	
	24. FUNERAL DIRECTO	R		ADDRESS		2Sa. REC	D BY REGI	ISTRAR 25b. RE	GISTRAR'S	SIGNATUR			

and 2 deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely-filled in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after Poge 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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### CERTIFICATE OF DEATH

17771

1.	o. COUNTY Was	shington		MARYLA	0.	CTATE	Where deceosed live	d, if institution: Re b. COUNTY	esidence before odmission) shington
	b. CITY OR TOWN	(If outside corporate lim id give nearest town)	its,	c. LENGTH OF STAY IN Minutes	lb c. CIT		utside corporote limi gerstown	ts, write RURAL on	nd give neorest town)
1		tal or institution (if ton County				REET ADDRESS	nia Ave.		e IS RESIDENCE ON A FARM? YES NO
L	NAME OF DECEASED (Type or print)	Baby	First Boy Sta	Middle Arleper		Last	4. DATE OF DEATH	Month Dec.	Doy Year 24 1967
S.	Me le	6. COLOR OR RACE White	7. MARRIED WIDOWED			OF BIRTH 24. 19	lost	(In years IF UI birthdoy) Mon	INDER 1 YEAR IF UNDER 24 HRS.  11ths Doys Hours Min.
100 dur	o. USUAL OCCUPATION ing most of w	N (Give kind of work don The, even if retired)	e 10b. I	(IND OF BUSINESS OR	11. B	RTHPLACE (County	& State, or foreign con, Maryle		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Wesle	y E. Starl	eper		14. M	other's maiden Helen	M. Ebers		
15. (Ye	WAS DECEASED EVes, no North Mark nown)	ER IN U.S. ARMED FORCES (If yes give wor or dotes	? 16. sof service)	SOCIAL SECURITY NO.	17. INFORM.		rleper H		inia Ave.
	PART I. DEA 7625 Conditions, if on- rise to immedia stoting the und- last.	y, which gove te cause (o),	(Va	Montas a Metasio	of lea	ngs	3 4 · ")		INTERVAL BETWEEN ONSET AND DEATH  7 CL
ICATION				TO DEATH BUT NOT RELAT			NDITION GIVEN IN P	,	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  GCAUSE OF DEATH MEDICAL EXAMINER)		ESCRIBE HOW INJURY OCC				.tem 18.)	
MEDICA	Hour o.	JURY Month, Doy, Yeor .m. 19	While			JURY (Home, formet, office bldg., etc.	)	or town)	(County) (Stote)
		<b>ify</b> that (I) (this ha leceased alive on_	spital) atter	nded the deceased fr		occurred of	3:40A M, from	n couses and	19 7that (I) (we) last an the date stated above.
	22o. SIGNATURE	pour	Isa		M.D. PH		DIRECTOR	STAFF PHYS.	2b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Typi	Dr. J. D.	Wilson		22		Northern stown, M	ryland	( )
230	BURIAL, CREMATI	ON, 23b. DATE I <b>Dec. 2</b>		7 Mt. View (	ry DR CREMATO	У	Sharps	(City or Town)	(County) (Stote) sh. Maryland
24	Albert	L. Leaf	Willia	amsport, Mai	ryland		D BY REGISTRAR	2Sb. REGISTRA	AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 thanks ofter death.

VR A15 (4) 25M 1/67

in her his el 410 .eve sinterity of . Doll 1 1001 1001 he adjusted and rectaring the special A velue Malon L. Sharedle THE RESERVE AND erroll half town the state of the state of FILE OF STREET and and Don Della III . 4 . 40% estimate to sundain ten Py, Loby I. Was December. traffering them to the contraction brallant Promusabilist Test I described

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17772

FOR STATE HEALTH DEPT.
necessary, please execute the certificate shauld be executed within 24 haurs after death. It any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta Naol the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page H 20 5 may be retained for your files.  Say be retained for your files.  To Funeral Directors. Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

	-5-2-1		MEDIC	TAL LAMMIN	LK 3	CENTIFICATE	OI DE	AIII			66	Sie		
1.	PLACE OF DEATH o. COUNTY W	ashington	1-1-5	MARYL	AND	2. USUAL RESIDENCE 0. STATE MC		ceosed lived	, if institut b. COU			odmissio	on)	
	b. CITY OR TOWN (	If outside corporate limits	i,	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If	outside corp	orote limits	, write RUI	RAL ond giv	e nearest	tawn)		
	Hagers	give negrest town)		life		Hagerstown						21-1		
		AL OR INSTITUTION (If no		e street oddress)		d. STREET ADDRESS 837 Concord St.						e. IS RESIDENCE ON A FARM?		
		hington &											NO [	
3.	NAME OF DECEASED (Type or print)	Rosa		Middle NMN	St	artzman	4. DA1		Mont Decen		30 <b>,</b>	Yec	or 67	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	£3 B	. DATE OF BIRTH	DEA	1 9. AGE (	In vegrs	IF UNDER		IF UNDER		
	female	white	WIDOWED [	DIVORCED		7-23-18		49	irthdoy) yrs.	Months	Doys	Hours	Min.	
10 du	ring most of working	(Give kind of work done life, even if retired)		OF BUSINESS OR		11. BIRTHPLACE (Sta					TIZEN OF DUNTRY?	WHAT		
	Tabor		sil	k mill		Hagerst		Md.						
13	. FATHER'S NAME	and an Cha			7.0	14. MOTHER'S MAIDEN						_		
		ewton Sta					Ne	11ie			cauf	f		
12 (A	<ul> <li>WAS DECEASED EVE es, no, or unknown)</li> </ul>	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	16. SO f service) 1 6	CIAL SECURITY NO.		NFORMANT			Addre					
	no		210.	-40-3322	C	ornelia &	itart	zman	, Ha	gers				
		EATH (Enter only one cou IH WAS CAUSED BY:	- Angelosses		266							RVAL BET		
	01011	IMMEDIATE CAUSE	(0) 17-3	cture.	Spin	ie at	19-1	0	wit	4	0		271111	
	8124	DUE	10 /1-7.	introso.	C	7-d - Ce	acer.	a tin	1 6	vor			,	
1	Conditions, if ony, rise to immediat	e cause (a)	70								II.	nue	d.	
	stoting the under	rlying couse DUE	(c) Fieles	cture s	uq	- Mul-	tiple	L Co	npo	ind				
-	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE C	ONDITION O	SIVEN IN PA	RT 1(o)			WAS AUTO		
CERTIFICATION		a feet and the	13119									PERFORMI S 🗷	NO 🗍	
TEIC	20o. EXTERNAL CA		20b. DESCI	RIBE HOW INJURY OCC	CURRED. (	Enter noture of injury i	n Port I or	Port II of it	em 1B.)					
CER	CAUSE OF DEATH.	NTRIBUTING	Str	uckby	Au.	to while	Cros	13/12	o St.	720	+			
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Year	20d. INJU	JRY OCCURRED 3		E OF INJURY (Home, fo		f. (City o	r town)	(Co	unty)	(	(Stote)	
ME	2 10 p.r	n. 12/30/196	7 While of work	Not While of work		ry, street, office bldg., et	(c) H.	2987	sto w	4 We	254	M	d	
6	21. I certif	y that I took charge					, Inspe	ction	l. Ingu	iry 🗷 ,	and	in my	opinion	
	death result			Accident X		de 🗍 Hamicid				anner [	_	-		
		2				CHIEF MEDICA	AL EXAMINE	R 🔲						
	SIGNATURE	dural	WNO	HOTE,		_M.D. ASSISTANT M	EDICAL EXA	WINER .			2:	2. DATE	SIGNED	
	EXAMINER'S	D1		337		DEPUTY MEDI	ICAL EXAMI	VER 🙋			12	131/	57	
	NAME (Type) D	r. Edward W	. Ditto	و 217 ا	W. W	ashingot (m	eetSitytoy	vn, or coun	Y) Hage	erstw	on, l	vid •		
23	o. BURIAL, CREMATIC REMOVAL (Specify			23c. NAME OF CEMET				LOCATION			(County)	(5)	itote)	
0	010		30	ADDRESS	TT (	Cemetery	Ha	gers	town	Me Me	SIGNATUR			
4	4. FUNERAL DIRECTO Minnich	1 Funeral	Home,	Hagerst	own	, Md. DATE	LU DI KEU	2 198	200. KE	CHAR'S !	MAIUK	udg	e.	
						DATE			0		U	U		

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17773

							A 1 4	4 9.7	
1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceose			fore odmissi	an)
WA.	SHINGTON		MARYLAND		YLAND	b. COU	WASHI	NGTON	
b. CITY OR TOWN	(If outside carporote limits, nd give nearest tawn)		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporote	e limits, write RU	RAL ond give nea	rest tawn)	
HAG	ERSTOWN		30 YEARS	HAG	ERSTOWN			2/-/	
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in	n haspital, g	ive street address)	d. STREET ADDRESS			54 PC.	e IS RESI	DENCE ARM?
WAS	HINGTON COUNT	Y HOS	PITAL	224 SU	MMIT AV	CUMC		YES	NO X
3. NAME OF DECEASED	First		Middle	Lost	4. DATE OF	Mon	th D	ay Ye	or
(Type or print)	RALPH		MARION	STOLER	DEATH	DECEM			67
S. SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years lost birthdoy)	Months Doy		R 24 HRS.
MALE	WHITE	WIDOWED	DIVORCED	1 222 2 2 2 2	1911	56 yrs.			
10o. USUAL OCCUPATION during most of working	ON (Give kind of work done	1Db. KII	ND OF BUTHERAFT	OF P. BIRTHPLACE (Coun	ty & Stote, or fore	ign country)	12. CITIZEN COUNTR		
FORK-LI	FT OPERATOR		RCHILD-HILLER			NNSYLVA		S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDER					
	REESE STOLER			PEARL	WAGNER				
(Yes, no, or unknown	/ER IN U.S. ARMED FORCES? (If yes give war or dates of se W.W. II	ervice) 16. S		7. INFORMANT			15 NORTH		
				RS. MARGARE	r K. ST	OLER, H	AGERSTOW		
18. CAUSE OF I	DEATH (Enter only one couse ATH WAS CAUSED BY:	per line for	(o), (b) and ().)	Hept Tal	luhs			NTERVAL BET	
4200	IMMEDIATE CAUSE (a)		11 2011 VI	Enot fai	10	1 3		1 0101	3
Conditions, if on	DUE TO	//	1. 13 4/68/2	20140, 1	East	- A16	SAR	1 484	in
rise to immedia	ote couse (o), DUE TO		ofert oto	00/10/1		1, 10	101	1	
stoting the und	lerlying couse								
	(c) SIGNIFICANT CONDITIONS CONT		O DEMU OUT NOT DELATED T	O THE TERMINAL DISEASE O	ONDITION CIVEN	I INI DADT 1(a)		9. WAS AUT	OPSY
NO PART III. OTHER	120219	MZ	(1770) KELATED I	O THE TERMINAL DISEASE C	ONDITION GIVEN	IN PART I(0)		PERFORM	NO X
OR CONTRIBUTIN	AS UNDERLYING   G   CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Port I or Port	II af item 1B.)			
Hour.c	JURY Month, Doy, Yeor o.m. 19	2Dd. IN While at work	Not While	PLACE OF INJURY (Home, fa foctory, street, office bldg., et		(City or town)	(County)		(Stote)
21. I cert	tify that (I) (tackboxoxi	M) attend			1905 to	7		that (I) p	
saw the	deceased alive on 12	-6-6	719, and t	hat death occurred o	ot TIPPM,	from causes	and an the d	ate stated	l abav
220. SIGNATUR	New digo	ful		M.D. ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS.	DEC.		57
22c. PHYSICIAN NAME (Typ		IZABA	L. M.D.	22d. ADDRESS 300 N. B	OTOMAC :	ST. HAC	BERSTOWN		
23o. BURIAL, CREMAT			23c. NAME OF CEMETERY (			ATION (City or To			Stote)
REMOVAL (Speci BUR I A L					42.6				(7)
24. FUNERAL DIRECT		1	ROSE HILL ADDRESS		C'D BY REGISTRA	ERSTOWN 2Sb. C	WASH OKTRAR'S AGNAT	URI. Zad	W.
CHARIES		****	Dames by Warner	DATDE	C'D BY REGISTRA	196/	worker	10	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbor papers. Pages Ahauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs att Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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THE RESERVE OF THE PARTY ALL PARTY A

TEC. 8 . 1907

AND THE REPORT OF THE PERSON O

77	0		CERTI	FICATE	OF DEATH			177	74	
1. PLACE OF DEATH 0. COUNTY Washing	ton		MA	RYLANO	2. USUAL RESIDENCE o. STATE Maryla		ed lived, if institut b. COUI	ion: Residence be NIY Shingtor	fore odmiss	iion)
b. CITY OR TOWN	(If outside corporate limi	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a		te limits, write RUI	RAL and give nec	rest town)	
Rural Bo	nd give nearest tawn) Onsboro		Life	TAKE	Rural :	Boonsbo	oro		21-1	
d. NAME OF HOSP	ITAL OR INSTITUTION (If n	ot in hospital, gi	ve street address)		d. STREET ADDRESS				e. IS RESI	IOENCE
Rfd. 2					Rfd. 2				YES T	
3. NAME OF	F	irs†	Middle		Lost	4. DATE	Mon	th [	Doy Ye	еог
(Type or print)	Elmer	All	en S	Stone,	Sr.	OF DEATH	Decembe	er 26.	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 8.	DATE OF BIRTH	9.	AGE (In years	IF UNDER I YEA		ER 24 HRS.
Male	White	WIDOWEO [	DIVORC	ED 🔲	uly 8, 18	84	lost birthdoy) 83 yrs.	Months Doy	Hours	Min.
10o. USUAL OCCUPATIO du <u>ring</u> most of workin	ON (Give kind of work done		D OF BUSINESS OR		11. 8IRTHPLACE (Count		eign country)	12. CITIZEN COUNTE	OF WHAT	
Farmer	ig ine, even it remed)		ning		Rural Bo	onsboro	Md.	U. S		
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Allen M.	Stone			ns 13	Sidney I	Me Brid	le			
15. WAS DECEASED EN	VER IN U.S. ARMEO FORCES? ) ((If yes give wor or dotes	16. 50	OCIAL SECURITY NO.	17. IN	FORMANT		Addre	ess		
No.		121/	4-36-0392	Mrs	.Hattie M	Stone	. Rfd.	Boons	sboro.	Md.
332 X	ny, which gove	(b)	Che Br	ve ·	through	erois			ONSET ANO	
rise to immedia stating the und last.  PART II. OTHER		E TO  (c)  CONTRIBUTING TO	DEATH BUT NOT R				N IN PART 1(o)		19. WAS AUT PERFORM YES	TOPSY MED? NO
OR CONTRIBUTIN	AS UNOERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY	OCCURRED. (E	nter noture of injury in	Port I or Port	II of item 18.)			
Hour o	JURY Month, Doy, Yeor o.m. 19		URY OCCURRED  Not While  of work		OF INJURY (Home, for y, street, office bldg., etc		(City or town)	(County)		(Stote)
21. I cert	t <b>ify</b> that (I) (this had deceased alive on_	spital) attende 12 - 25 -	ed the deceosed	d from1 and that	death accurred a	1959, to	fram causes	, 19 <u>67,</u> ond an the d	that (I) ( late state	(we) la:
220. SIGNATURI	fold eve	udu		M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE S	IGNED 25,	365
22c. PHYSICIAN NAME (Typ		SE	CONI	151 AC	22d. ADDRESS	Boon	SRORO	Md	-	
230. 8 URIAL, CREMAT REMOVAL (Speci	4.3	1EREOF 67	23c. NAME OF CE				CATION (City or To			(Stote)
24. FUNERAL DIRECT			ADDRESS			D BY REGISTR	AR 2Sb. RE	GISTRAR'S SIGNA	TURE	
John H. B	ast, Jr. 11:	2 N. Mai	in St. Bo	onsbor	o, Md DATE D	FC 28	1967	Marle	1 Judy	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Alled IN TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond campletely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Spell be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 by Page 4 may be retained by the hospital or attending physicion. VR A15 (4)

Rochebore Life Domeboro	
	KSBRA
	Is g S
	.blb-
Teer Stan Stan, St.	
BF 2 58 ubbl ,5 wind 5 5 18	e2dt
Forming Heral Education . Mr. 18. 8. A	Pariser
H. Stane	allen
214-14-25 Mrs. Hellie F. Stone, Mrs. Remebury	167

Danselback 72-28- 5: doorabors Marseleys a Househoure, Margeland Widne T. State, Jr. 118 M. Main St. Sconsborr, Md. - 1

#### CEDTICICATE OF DEATH

17775

1 4 6 6	1		CLKII	ITICALL	OI DEATH				7 5	1 12	
PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceo		454-54			an)
o. COUNTY Wa	shington		MA	RYLAND	o. STATE Md		b. CO1	UNIT	Wash	1.	
b. CITY OR TOWN	(If outside corporate limit:	s,	c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (If ou	utside corpore	ate limits, write RI	URAL ond giv	ve neares	t tawn)	
Hager			4 Weel	ks	Rural	Hage	rstown			21	1
d. NAME OF HOSPI Washing	tal or institution (if no count	at in haspital, gi	ve street address)		d. STREET ADDRESS Rt.	5				e. IS RESII ON A F	
3. NAME OF DECEASED (Type or print)	Glady s	rst 5	May	7	Valentine	4. DATE OF DEATH	Decemb		2, Doy	Ye	67
Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRI		8. DATE OF BIRTH 2-16-1914		9. AGE (In years birthdoy) yrs.	IF UNDER Months	Doys	Hours	R 24 HRS. Min.
during most of working	N (Give kind of work done life, even if retired)		D OF BUSINESS OR		11. BIRTHPLACE (County  Leiters				ITIZEN OF OUNTRY?		
13. FATHER'S NAME	Harvey	Snook			14. MOTHER'S MAIDEN		Wolfe				
	TER IN U.S. ARMED FORCES? (If yes give wor or dotes of	A constant	OCIAL SECURITY NO. 4-09-16		NFORMANT Joseph A	. Va		ress Hag	ers	town	1, M
18. CAUSE OF D PART 1. DEA	DEATH (Enter anly ane cou ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Meta	o), (b), and (c).) astatic c	arcin	oma				INT ON 2	ERVAL BET SET AND I yrs.	DEATH
Canditions, if an rise to immedia stating the und	ite cause (o),	(b) <u>Caro</u>	cinoma of	the	breast.				6	mo.	1623 1518
PART II OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO	D DEATH BUT NOT R	RELATED TO	THE TERMINAL DISEASE COI	NDITION GIV	EN IN PART 1(0)			WAS AUTO PERFORM	OPSY NO
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part i ar Pa	rt II of item 18.)				
Haur a	JURY Manth, Doy, Year .m. 19	20d. IN While at wark	Not While at work		CE OF INJURY (Home, form ary, street, office bldg., etc.		(City or tawn)	(Co	ounty)		(Stote)
21. I cert	ify that (1) (this has eceased alive an_	pital) attend	ed the decease	d fram , and that	, 1 t death accurred at		ta <u>Dec .  1</u> M, fram causes				
22a. SIGNATUR	brull	( )	Carl	S M.E	Tillia. E.	MED. DIRECTOR	STAFF PHYS.	_	2/13		
22c. PHYSILIN NAME (Type		. Marti	n, M.D.		22d. ADDRESS 418 N. P	otoma	c St., H	lagers	town	, Md	
230. BURIAL, CREMATI BREMOVAL (Specif			23c. NAME OF CE		Cemetery	I.	OCATION (City or Tagerst	own,	(County		state)
24. FUNERAL DIRECT			ADDRESS	The same life	25o. REC	D BY REGIST	RAR 1967 <sup>25b.</sup>	REGISTRAR'S	SIGNATUI	Rend	UR.
Minnich	Funeral	Home H	agersto	wn.	Ma. Ut	0 10	1301	4	-	1 0	

after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pages should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within (7) Page 4 may be retained by the haspital ar attending physician.

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17776

0 8 8	G .		CEKTIFI	CAIL	OF DEATH					
1. PLACE OF DEATH o. COUNTY	Wash.		MARYL	AND	2. <b>USUAL RESIDENCE</b> o. STATE	Md.	b. COUN	ITY T	Wash.	
b. CITY OR TOWN (	b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)  55 Y				c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest to Hagerstown			e nearest tav	vn)	
	at or institution (if not ston Count				d. STREET ADDRESS	outh I	Potomac	St.	ON	RESIDENCE I A FARM? NO
3. NAME OF DECEASED (Type ar print)	First Mine		Middle Agnes	5	Lost Ward	4. DATE OF DEATH	Mont Decem		Day	Year 19 67
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		2- 16- 1		AGE (In years last birthday) yrs.	IF UNDER 1 Manths	1 YEAR   IF U	INDER 24 HRS
10a. USUAL OCCUPATION during mast of warking HOUS	(Give kind of work done life, even if retired)	10b. KII	ND OF BUSINESS OR DUSTRY Home		11. BIRTHPLACE (Coun		eign countrγ) n sylvan	(0)	TIZEN OF WHA	AT
13. FATHER'S NAME	Elmer O.	Donat			14. MOTHER'S MAIDE		W. Ste	wart		
15. WAS DECEASED EVE (Yes no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates af	service) 16. S	OCIAL SECURITY NO.		nformant seph S.	Ward S	Addre Sr. Hag		own, M	d.
Canditions, if any, use to immediat stating the unde last.  PART II. OTHER SI	e cause (a),	) 	Cute myor						19. WAS	AUTOPSY
20a. ACCIDENT WAS			SCRIBE HOW INJURY OCC						YES _	ORMED?
20c. TIME OF INJU-	JRY Manth, Doy, Year	While			E OF INJURY (Hame, fo ary, street, affice bldg., e		(City or town)	(Cou	unty)	(State)
21. I certif saw the de 22a. SIGNATURE	fy that (1) (this haspi eceased alive an	tal) attend	ed the deceased fr 1967, an	ram nd that 	ATTENDING PHYS.	MED. DIRECTOR	, fram causes of STAFF PHYS.	and an th	TE SIGNED	ated abav
22c. PHYSICIAN'S NAME (Type)			Aker, M.D.	RY OR	22d. ADDRESS	Hagers	Washing town, Md	. 2	1740 (County)	(State)
BENOVAL SPAcify	12-8-19		Rose Hil		emetery	На	gersto	wn, N	ld.	(21016)
24. FUNERAL DIRECTO	R Funonal H	lam a	ADDRESS			C'D BY REGISTR	AR 2Sb. RE	GISTRAR'S SI		entitle:

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Rages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### CERTIFICATE OF DEATH

17777

PLACE OF DEATH     O. COUNTY				2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. STATE Md. b. COUNTY Wash.				
b. CITY OR TOWN (If outside corporate limits, write RIFAL and give negetition)  11fe			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown					
	PITAL OR INSTITUTION (If not in shington Cou	nospitol, give street oddress) nty Hospital	d. STREET ADDRESS 43 Red	Oak Dr.	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	Bett	y Jane	Welch	4. DATE Month OF DECEMber	26 Year 67			
female		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 11-4-192	last highday) Mant	IDER 1 YEAR   IF UNDER 24 HRS. hs Doys Hours Min.			
100. USUAL OCCUPATI during mos of working	ON (Give kind of work done ng life, even if retired)	10b. KIND OF BUSINESS OR Telephone Co.		y & Stote, or foreign country) town, Md.	2. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	Charles V.	Baker	14. MOTHER'S MAIDEN	Evelyn P. Ka	ann			
1S. WAS DECEASED E (Yes, no, or unknown	VER IN U.S. ARMED FORCES?  (If yes give wor or dotes of serv	ice)	informant ack Welch	, Hagerstown, 1	Md •			
Conditions, if or rise to immediate stoting the unlost.  PART II. OTHER	ote couse (o), derlying couse C) (c) _	States Co			19. WAS AUTOPSY PERFORMED? YES ON NO			
OR CONTRIBUTION	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in	Port I or Port II of item 1B.)				
A Honz	NJURY Month, Doy, Yeor o.m. p.m. 19		ACE OF INJURY (Home, for story, street, office bldg., etc		(County) (Stote)			
saw the	deceased alive an	attended the deceased fram_ 1967, and the	at death accurred a	19 C ta 1926 1325 PM, fram causes and a	19 <b>6</b> , that (I) (we) la in the date stated abave			
22c. PHYSICIAN NAME (Ty	VS D T Down		D. ATTENDING PHYS. 22d. ADDRESS IN	MED. STAFF PHYS. D	control of the property of the			
230. BURIAL, CREMA REMOVAL (Spec	100, 23b. DATE THEREOF 12-28-			23d. LOCATION (City or Town) Hagerstown	(County) (Stote)			
24. FUNERAL DIRECT		ADDRESS	2So. REC	'D BY REGISTRAR 2Sb. REGISTRA				

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and a shauld be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 agurs after deal Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

THE THE PERSON ASSESSMENT TRANSPORTED AND THE PERSON ASSESSMENT OF THE . The same that give the district companies and The contract of the contract o striet . multipob Binel . Gyleni the particular design of the second of the s Contract Comme ودرد الإخلاستدري 13/12/2 / Lg Ec/2 Lg 30/21

# FOR STATE HEALTH DEPT. 1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

OVER 1201

OUT OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17778

		W		
1. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceosed lived, if institution: Resid	lence before admission)
o. COUNTY Wash.	MARYLAND	O. STATE	Md. b. COUNTY	Wash.
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL and g	give neorest town)
Rural Hagerstown	8 Years	Rural	Hagerstown	2/-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street oddress)	d. STREET ADDRESS	** REAL SOUMII	e. IS RESIDENCE
R.F.D. 4			.F.D. 4	ON A FARM? YES NOX
3. NAME OF First	Middle	Lost	4. DATE Month	Doy Year
(Type or print) OIIV		Wilt	DEATH December	5, 19 67
S. SEX 6. COLOR OR RACE 7. M	THE THE PERSON OF THE PERSON O	B. DATE OF BIRTH	9. AGE (In years IF UNDE	ER I YEAR IF UNDER 24 HRS. Doys Hours Min.
Male White w	IDOWED NORCED	10-14-1915	52 yrs.	Jogs Hours Mill.
10o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote of	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) <b>Packer</b>	Cheese Mfg.	Waynesbor	ro, Penna.	COUNTRY (
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
John Wilt		1	Mary A. Reese	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	INFORMANT	Address	
(Yes no, or unknown) (If yes give war or dates of servi	215-26-2207 Ha	arry Wilt	Hagerstown, Md.	•
1B. CAUSE OF DEATH (Enter only one couse per				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	a s +	wound to	to a	ONSET AND DEATH
976 X IMMEDIATE CAUSE (o)	que shot	Wound fi	118	Immod
DUE TO	0			
Conditions, if ony, which gove isse to immediate couse (o), (b)				
stoting the underlying couse DUE TO				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI  200. EXTERNAL CAUSE WAS PRIMARY STOP CONTRIBUTING CAUSE OF DEATH	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20o. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	ort 1 or Port II of item 18.)	
PRIMARY Ger CONTRIBUTING CAUSE OF DEATH.	Self wiflicted			crough Hours
CAUSE OF DEATH.		CE OF INJURY (Home, form,		County) (Stote)
20c. TIME OF INJURY Month, Doy, Year Housean Dec 5, 19 67	While Nat While foct	tory, street, office bldg., etc.)	11	wash th
7772 p.m. 700 0, 17 01	at work L at work L	House		
21. I certify that I taak charge af				and in my opinia
death resulted fram: Natural cau	uses, Accident, Suic	cide Hamicide	, Undetermined manner	10 5 16 30
ACTUAL CO.	0:11	CHIEF MEDICAL E	XAMINER	00 0475 00000
SIGNATURE Chilles W	DITTO TH	M.D. ASSISTANT MEDIC	CAL EXAMINER	22. DATE SIGNED
EXAMINER'S Edward W. Dit	to, III, M.D.	DEPUTY MEDICAL Address (Street.	city, town, or county) Hagerst	Wash-6st6?
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
BRINOVAL (Secrity) 12-8-67	Rose Hill C		Hagerstown,	
24. FUNERAL DIRECTOR Minnich Funeral Ho	ADDRESS  Me. Hagerstown	Md. DEC	BY REGISTRAP 25b. PEGISTRAP'S	eles Judge.

ny delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department of TO DEPUTY MESTICAL EXAMINER: This certificate should be executed within 24 hours ofter death.

Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

VR A15ME (5)

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